

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752145** (3)
1. Corporation Name
MARINA DEL REY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 931 PALM TRAIL DELRAY BCH. FL 33483	Mailing Address 931 PALM TRAIL DELRAY BCH. FL 33483
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3. Date Incorporated or Qualified 04/23/1980	
4. FEI Number 59-2686323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SCHONE, LARRY PERRY & SCHONE, P.A. 50 SE 4TH AVENUE DELRAY BCH. FL 33483	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

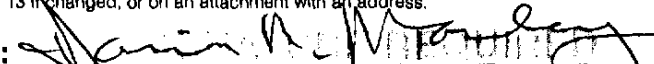
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LLOYD, SCOT
STREET ADDRESS	931 PALM TRAIL #5
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOFTAS, LESLIE
STREET ADDRESS	931 PALM TRAIL
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	PHILIPS, JOHN
STREET ADDRESS	931 PALM TRAIL, 3
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MONLEY, DEBBIE
STREET ADDRESS	931 PALM TRAIL, #4
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LLOYD, TAMMY
STREET ADDRESS	931 PALM TRAIL #5
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELENE TRAGUS
1.3 STREET ADDRESS	931 PALM TRAIL #9
1.4 CITY-ST-ZIP	DELRAY BEACH FL 33483
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	VINCENT TRUNFIO
3.4 CITY-ST-ZIP	931 PALM TRAIL #6
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	BARBARA KOSKIE
4.4 CITY-ST-ZIP	931 PALM TRAIL #7
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/Treasurer
5.3 STREET ADDRESS	DAVID MANLEY
5.4 CITY-ST-ZIP	931 PALM TRAIL #4
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:  3-5-98 508-362-6526

CR2E037 (10/97)