

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758638 (1)

1. Corporation Name

LOBLOLLY BAY MARINA CONDOMINIUM ASSOCIATION, INC
ORPORATED

Principal Place of Business
8000 SE LITTLE HARBOR AVE.
HOBE SOUND FL 33455

Mailing Address
8000 SE LITTLE HARBOR AVE.
HOBE SOUND FL 33455-3827



3. Date Incorporated or Qualified 06/03/1981 3a. Date of Last Report 03/11/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2173320 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FLANIGAN, JOHN F
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 33402

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	BODEEN, GEORGE		1.2 NAME		
STREET ADDRESS	7602 SE SANDERLING PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP		
TITLE	AVP	DELETE	2.1 TITLE	Change	Addition
NAME	WORRALL, STEVE		2.2 NAME		
STREET ADDRESS	8000 SE LITTLE HARBOUR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	Change	Addition
NAME	COTTEN, LEE		3.2 NAME		
STREET ADDRESS	8000 SE LITTLE HARBOUR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	Change	Addition
NAME	REYNOLDS, THOMAS A JR		4.2 NAME		
STREET ADDRESS	1 FIRST NAT'L PLZ 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	SD	DELETE	5.1 TITLE	Change	Addition
NAME	STACKLER, ROBERT		5.2 NAME		
STREET ADDRESS	7930 SE LOBLOLLY BAY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP		
TITLE	D P	DELETE	6.1 TITLE	Change	Addition
NAME	MCKERNEY, WALTER		6.2 NAME		
STREET ADDRESS	7900 SE LITTLE HARBOUR DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		6.4 CITY-ST-ZIP		

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 (51) 546-3660

CR2E037 (9/96)