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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **761270** **(8)**

1. Corporation Name
MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907 US	C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US

3. Date Incorporated or Qualified: 12/30/1981

4. FEI Number: 59-2393150 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6213-E PRESIDENTIAL CT	26 6213-E PRESIDENTIAL CT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FORT MYERS, FL	City & State 28 FORT MYERS, FL
Zip 24 33919 Country 25 USA	Zip 29 33919 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STIPHEN, PETER
MARQUIS MANAGEMENT INC.
12661 NEW BRITTANY BLVD
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: CAROL J. HENKE
82 Street Address (P.O. Box Number is Not Acceptable): C/O HENKE PROPERTY MANAGEMENT INC
83: 6213-E PRESIDENTIAL CT. SW
84 City: FORT MYERS FL 85 Zip Code: 33919

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: Carol J. Henke — 3-30-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRIZKA, CATHERINA 1051 PALM AVE. NO. FT. MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/V CANDY ROSS 1051 PALM AVE. #122 N. FORT MYERS FL 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THEET, JIM 1055 PALM AVE #215 N FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P/T 33903	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COKEL CINDY 1051 PALM AVE #127 N FT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D 33903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-20-98