FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90042 022 ****61.25

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DOCUMENT # 761270

1. Corporation Name

MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
6213-E PRESIDENTIAL CT ~~12661 NEW BRITTANY BLVD~~ FT. MYERS FL 33919 US	6213-E PRESIDENTIAL CT ~~12661 NEW BRITTANY BLVD~~ FT MYERS FL 33919 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/30/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2393150 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HENKE, C J
6213-E PRESIDENTIAL CT SW
FT MYERS FL 33919

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	ROSS, C		1.2 NAME	DAVID RUSS	
STREET ADDRESS	1051 PALDM AVE, 122		1.3 STREET ADDRESS	11230 MARBLEHEAD MANOR CT	
CITY-ST-ZIP	NO. FT. MYERS FL 33923		1.4 CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	DPT	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	THEET, JIM		2.2 NAME	DOUGLAS GREY #112	
STREET ADDRESS	1055 PALM AVE #215		2.3 STREET ADDRESS	1051 PALM AVE	
CITY-ST-ZIP	N FT MYERS FL		2.4 CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	SD	☐ DELETE	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	COKEL CINDY		3.2 NAME		
STREET ADDRESS	1051 PALM AVE #127		3.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL 33903		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED David A. Ross V.P. 4/26/99 941-931-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ext 7

CR2E037 (11/98)