## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

767254

9. Name and Address of Current Registered Agent

(6)

TOWNHOMES OF MARLWOOD HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

**FILED** 

Feb 26 1998 8:00am

Secretary of State

100 FARWAY DR. #29 ALM BEACH GARDENS FL 33418	7100 FAIRWAY DR. #29 PALM BEACH GARDENS FL 33418	3. Date Incorporated or Qualified 03/02/1983				
		4. FEI Number Applied For	•			
		<b>59-249 1906</b> Not Applicable				
Principal Place of Business 300 AVENUE OF CHAMPIO	2a. Malling Address NSS 300 AVENUE OF CHAMPIONS	5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Election Campaign Financing     Trust Fund Contribution     Added to Fees				
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARENDS, FL	7. Is this nonprofit corporation a homeowners association?				
Zip Country 33418 26 USA	Zip Country 29 33418 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	•			

QUEEN, SUSAN M. 7100 FAIRWAY DR. #29 PALM BEACH GARDENS FL 33418

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83		 		
84	City	 85	Zip Code	

10. Name and Address of New Registered Agent

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.

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 eignature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE		K Change	Addition				
NAME	<b>STAUDINGER, LEONARD D</b>		1.2 NAME							
STREET ADDRESS	7100 FAIRWAY DRIVE, 29		1.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS						
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP							
TITLE	P	☐ DELETE	2.1 TITLE		Change	Addition				
NAME	KESELENKO, JOSEPH		2.2 NAME							
STREET ADDRESS	7100 FAIRWAY DRIVE, 29		2.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS		ſ				
CITY-ST-ZIP	PALM BEACH GARDENS FL		2. 4 CITY - ST - ZIP							
TITLE	V	DELETE	3.1 TITLE	V	Change	Addition				
NAME	MARSHALL SADE		3.2 NAME	FRANK ZEGARELLI						
STREET ADDRESS	7100 FAIRWAY DRIVE 29		3.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS						
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4. CITY-ST-ZIP	PALM BEACH GARDENS, FL 334						
TITLE	<b>ST</b>	☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME	onuska, diane		4. 2 NAME			1				
STREET ADDRESS	7100 FAIRWAY DR #29		4.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS						
CITY-ST-ZIP	PALM BCH GDNS FL		4.4 City-St-ZiP							
TITLE	D	DELETE	5.1 TITLE		Change	☐ Addition				
NAME	HARRIET BELSON		5.2 NAME							
STREET ADDRESS	7100 FAIRWAY DRIVE #29		5.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS						
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	6.1 TITLE		Change	Addition				
NAME	SCHEIFE, RICHARD		6.2 NAME	·						
STREET ADDRESS	7100 FAIRWAY DRIVE		6.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS						

TALM BEACH GARDENS FL

5.4 CITY-ST-ZIP

OF CHAMPIONS

6.4 CITY-ST-ZIP

OF CHAMPIONS

6.4 CITY-ST-ZIP

OF CHAMPIONS

6.4 CITY-ST-ZIP

OF CHAMPIONS

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 her received 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 of all advantment with an address.

SIGNATURE: WONDERE REQUIRED

CR2E037 (10/97)