

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 768916 (9)

1. Corporation Name

MARINA BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1101  
WINDERMERE FL 34786

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WINDERMERE FL 34786

3. Date Incorporated or Qualified  
06/14/1983

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2895147

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLONECKER, MICHAEL L.  
11044 SCHOONER WAY  
WINDERMERE FL 32786

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	<input checked="" type="checkbox"/> DELETE
NAME	MEIER, RALPH	
STREET ADDRESS	2206 WHALER WAY	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, BILL	
STREET ADDRESS	PO BOX 835 N/A	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, PAMELA	
STREET ADDRESS	11007 SCHOONER WAY	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT SMITH	
1.3 STREET ADDRESS	2222 WHALER WAY	
1.4 CITY-ST-ZIP	WINDERMERE, FLORIDA 34786	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN GRISWOLD	
2.3 STREET ADDRESS	11037 CLIPPER COURT	
2.4 CITY-ST-ZIP	WINDERMERE, FLORIDA 34786	
3.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETER FIDES	
3.3 STREET ADDRESS	11047 CLIPPER COURT	
3.4 CITY-ST-ZIP	WINDERMERE, FLORIDA 34786	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Peter Fides*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER FIDES, S/T/D

3/30/96

(407)420-1000

Date

Daytime Phone #

CR2E037 (12/95)