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02-22-1999 90085 021 \*\*\*\*61.25

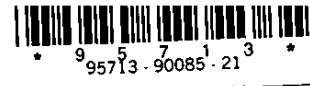
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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 768916  
1. Corporation Name  
MARINA BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 1101 WINDERMERE FL 34786  
Mailing Address: P.O. BOX 1101 WINDERMERE FL 34786



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/14/1983	4. FEI Number 59-2895147 Applied For Not Applicable	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SLONECKER, MICHAEL L. 11044 SCHOONER WAY WINDERMERE FL 32786	10. Name and Address of New Registered Agent 81 Name: Tornetta, Mark A. 82 Street Address (P.O. Box Number is Not Acceptable): 11035 Schooner Way 83 84 City: Windermere FL 85 Zip Code: 34786
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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: Mark A. Tornetta Treas. DATE: 1/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MARK W VISELLI STREET ADDRESS: 11067 SCHOONER WAY CITY-ST-ZIP: WINDERMERE FL 34786	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: William Petersen 1.3 STREET ADDRESS: 2214 Whaler Way 1.4 CITY-ST-ZIP: Windermere FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: MICHAEL SLONECKER STREET ADDRESS: 11044 SCHOONER WAY CITY-ST-ZIP: WINDERMERE FL 34786	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: STD 2.2 NAME: Mark Tornetta 2.3 STREET ADDRESS: 11035 Schooner Way 2.4 CITY-ST-ZIP: Windermere FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: ANNETTE MOORE STREET ADDRESS: 11031 CLIPPER CT CITY-ST-ZIP: WINDERMERE FL 34786	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: UPD 3.2 NAME: Gail Ancka 3.3 STREET ADDRESS: 11072 Clipper Court 3.4 CITY-ST-ZIP: Windermere FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark A. Tornetta DATE: 1/6/99 DAYTIME PHONE #: 407-876-5402

CR2E037 (11/98)