

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769665 (1)**  
1. Corporation Name  
**MARINA GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>7731 BOCILLA LANE P. O. BOX 477 BOKEELIA FL 33922-4770</b>	Mailing Address <b>7731 BOCILLA LANE P. O. BOX 477 BOKEELIA FL 33922-0477</b>
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3. Date Incorporated or Qualified <b>08/02/1983</b>	3a. Date of Last Report <b>02/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2746151</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HEDLUND, ROBERT V  
7731 BOCILLA LANE UNIT 13  
BOKEELIA FL 33922**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* DATE: **4/10/97**  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEDLUND, ROBERT V.	
STREET ADDRESS	7731 BOCILLA LANE, #13	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, ROBERT D	
STREET ADDRESS	318 FIFTH AVE.	
CITY-ST-ZIP	LEMIGH ACRES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, PETER	
STREET ADDRESS	2115 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, CHARLES V.	
STREET ADDRESS	7731 BOCILLA LANE, #11	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILBY, STEVEN	
STREET ADDRESS	1131 30TH ST #6	
CITY-ST-ZIP	BIEMINGHAM AL 35205	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, RUSSELL	
STREET ADDRESS	178 DAVIS ST	
CITY-ST-ZIP	BRADFORD PA 16701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	all the same	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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]* DATE: **4/10/97** DAYTIME PHONE #: **941-433-1112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)