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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005132 (4)**

1. Corporation Name

MARINE RESOURCES DEVELOPMENT FOUNDATION OF THE VIRGIN ISLANDS, INC.

Principal Place of Business

Mailing Address

PO BOX 787
KEY LARGO FL 33037

PO BOX 787
KEY LARGO FL 33037

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

67-0258256

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBLICK, IAN G
51 SHORELAND DR
KEY LARGO FL 33037**

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	CP	☐ DELETE
NAME	KOBLICK, IAN G	
STREET ADDRESS	51 SHORELAND DR	
CITY-ST-ZIP	KEY LARGO FL 33037	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	☐ DELETE
NAME	KOBLICK, TONYA A	
STREET ADDRESS	51 SHORELAND DR	
CITY-ST-ZIP	KEY LARGO FL 33037	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	☒ DELETE
NAME	D'HAEM, MARCELLA	
STREET ADDRESS	51 SHORELAND DR	
CITY-ST-ZIP	KEY LARGO FL 33037	

3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Joann Smenda
3.3 STREET ADDRESS	Treasurer
3.4 CITY-ST-ZIP	P.O. Box 670 Key Largo, FL 33037

TITLE	D	☐ DELETE
NAME	BASS, GERRY	
STREET ADDRESS	147 SW 63RD CT	
CITY-ST-ZIP	MIAMI FL 33158	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	CLAUSNER, EDWARD	
STREET ADDRESS	1350 RIVER REACH DR #518	
CITY-ST-ZIP	FT LAUDERDALE FL 33315-1173	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	V	☒ DELETE
NAME	MONNEY, NEIL T	
STREET ADDRESS	49 SHORELAND DR	
CITY-ST-ZIP	KEY LARGO FL 33037	

6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	V President
6.3 STREET ADDRESS	Arthur Mitchell
6.4 CITY-ST-ZIP	241 Lignum Vitae Key Largo, FL 33037

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(f), 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: *Joann Smenda*

1/12/98 305-451-1139

CR2E037 (10/97)