

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 10: 37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N04303

(6)

1. Corporation Name

MARTY-LEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11306 CARROLL WOOD DRIVE
TAMPA FL 33618

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TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1984

3a. Date of Last Report

07/21/1994

4. FBI Number

NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Marty-Lee Condominium Assoc. Inc.

26 Marty-Lee Condominium Assoc. Inc.

22 8415-B North Albany Ave

27 8415-B North Albany Ave

23 Tampa Florida

28 Tampa Florida

24 33604 25 USA

29 33604 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKELONIS, ANDREW
8415-B NORTH ALBANY AVE.
TAMPA FL 33604

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 the filer (application)

(NOTE: Registered Agent signature required when reappointing)

7-29-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MIKELONIS, ANDY
STREET ADDRESS	8415 B NORTH ALBANY
CITY - ST - ZIP	TAMPA FL 33604
TITLE	D
NAME	EVORS, EDWARD
STREET ADDRESS	8415 C NORTH ALBANY
CITY - ST - ZIP	TAMPA FL 33604
TITLE	D
NAME	VERA, JOSE
STREET ADDRESS	8415 A NORTH ALBANY
CITY - ST - ZIP	TAMPA FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: Andy Mikelonis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-95 813-935-4929