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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10247 (7)
1. Corporation Name
MARWOOD OWNERS ASSOCIATION, INC.



Principal Place of Business P O BOX 9709 NAPLES FL 33962	Mailing Address P O BOX 9709 NAPLES FL 34101-9709
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3. Date Incorporated or Qualified 07/16/1985	3a. Date of Last Report 04/16/1996
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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
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

4. FEI Number 59-2563308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BANTZ, THOMAS M.
4985 E. TAMAMI TRAIL
C/O COLLIER FINANCIAL SYSTEMS, INC.
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81. Name Stephen P. Hart
82. Street Address (P.O. Box Number is Not Acceptable) COLLIER FINANCIAL, INC.
83. City 4985 E TAMAMI TR
84. City NAPLES FL
85. Zip Code 34113

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 **3/29/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES HARTNETT	
STREET ADDRESS	1451 MEADER AVE	
CITY-ST-ZIP	N MERRICK N	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	MARLENE SPENCER	
STREET ADDRESS	5501 RATTLESNAKE HAMMOCK ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHMALEY, WILLIAM	
STREET ADDRESS	5501 RATTLESNAKE #111	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, JAMES R.	
STREET ADDRESS	5501 RATTLESNAKE HMMK RD, 211	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES HARTNETT	
1.3 STREET ADDRESS	151 MEADER AVE	
1.4 CITY-ST-ZIP	N. MERRICK N.Y.	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARLENE SPENCER	
2.3 STREET ADDRESS	5501 RATTLESNAKE HMMK #102	
2.4 CITY-ST-ZIP	NAPLES FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM SCHMALEY	
3.3 STREET ADDRESS	5501 RATTLESNAKE HMMK #111	
3.4 CITY-ST-ZIP	NAPLES FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN WOOD	
4.3 STREET ADDRESS	5501 RATTLESNAKE HMMK #204	
4.4 CITY-ST-ZIP	NAPLES FL	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DENNIS O'LEARY	
5.3 STREET ADDRESS	5501 RATTLESNAKE HMMK #212	
5.4 CITY-ST-ZIP	NAPLES FL	
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 **4/2/97**

CP2E037 (9/96)