FILE NOW: FILING FEE IS \$61.25

NAME

STREET ADDRESS

FILED NONPROFIT Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # N10247 (7) MARWOOD OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 9709 P O BOX 9709 3. Date incorporated or Qualified NAPLES FL 33962 NAPLES FL 33962 07/16/1985 4. FEI Number Applied For 59-2563308 Not Applicable 2. Principal Place of Business 2a, Mailing Address \$8.75 Additional Certificate of Status Desired. MARWOOD OWNERS 26 Fee Required Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State 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 \(\sime\) No Country Country 3 25 U.SA 20 34/0 Name and Address of Current Registered Agent 34101 USA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 61 Name HART, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) COLLIER FINANCIAL INC 83 4985 E TAMIAMI TRL NAPLES FL 34113 City 85 Zip Code 84 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. Sic. sature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition JAMES HARTNETT NAME 1.2 NAME 151 MEADER AVE 1.3 STREET ADDRESS STREET ADDRESS N MERRICK N MERRICK NY 1.4 City - ST-ZIP CITY - ST - ZIP TITLE DELETE 2.1 TITLE NAME MARLENE SPENCER 2.2 NAME 5501 RATTLESNAKE HAMMOCK RD 102 STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE BROWN SCHMALEY, WILLIAM NAME 32 NAME 5501 RATTLESNAKE HHK DR #205 5501 RATTLESNAKE HAMMOCK RD #111 3.3 STREET ADDRESS STREET ADORESS NAPLES FL 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME WOOD, JOAN 4. 2 NAME 5501 RATTLESAKE GMMK #204 4.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE O'LEARY, DENNIS NAME 5.2 NAME 5501 RATTLESNAKE HMMK #212 5.3 STREET ADDRESS STREET ADDRESS NAPLES FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITL F DELETE 61 TITLE

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 coveration 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 chapter, or on an attachment with an address. 941-774-1142 SIGNATURE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP