


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90093 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10247**

1. Corporation Name  
**MARWOOD OWNERS ASSOCIATION, INC.**

Principal Place of Business MARWOOD OWNERS ASSN 5501 RATTLESNAKE HMK DR NAPLES FL 34113 .US	Mailing Address P O BOX 9709 NAPLES FL 34101 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2563308
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HART, STEPHEN P COLLIER FINANCIAL INC 4985 E TAMiami TRL NAPLES FL 34113	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME JAMES HARTNETT STREET ADDRESS 151 MEADER AVE CITY-ST-ZIP N MERRICK NY 11566	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MARLENE SPENCER STREET ADDRESS 5501 RATTLESNAKE HAMMOCK RD 102 CITY-ST-ZIP NAPLES FL 34113	2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME BROWN, DENISE STREET ADDRESS 5501 RATTLESNAKE HMK DR #205 CITY-ST-ZIP NAPLES FL 34113	2.2 NAME Charlie Kelson 2.3 STREET ADDRESS 76 Gary Avenue 2.4 CITY-ST-ZIP Haverhill MA 01830	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME WOOD, JOAN STREET ADDRESS 5501 RATTLESNAKE GMMK #204 CITY-ST-ZIP NAPLES FL 34113	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME O'LEARY, DENNIS STREET ADDRESS 5501 RATTLESNAKE HMMK #212 CITY-ST-ZIP NAPLES FL 34113	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME O'LEARY, DENNIS STREET ADDRESS 5501 RATTLESNAKE HMMK #212 CITY-ST-ZIP NAPLES FL 34113	4.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME O'LEARY, DENNIS STREET ADDRESS 5501 RATTLESNAKE HMMK #212 CITY-ST-ZIP NAPLES FL 34113	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME O'LEARY, DENNIS STREET ADDRESS 5501 RATTLESNAKE HMMK #212 CITY-ST-ZIP NAPLES FL 34113	5.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME O'LEARY, DENNIS STREET ADDRESS 5501 RATTLESNAKE HMMK #212 CITY-ST-ZIP NAPLES FL 34113	5.2 NAME Betty Ford 5.3 STREET ADDRESS 5501 Rattlesnake Hmk Rd #501 5.4 CITY-ST-ZIP Naples FL 34113	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME O'LEARY, DENNIS STREET ADDRESS 5501 RATTLESNAKE HMMK #212 CITY-ST-ZIP NAPLES FL 34113	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/9/99 9412634049

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