## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

N14868

(6)

## MARLIN INDUSTRIAL PARK OWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address				(8/1 8/18/1 8/8/) <b>9/</b> 8/1 8/8/1 8/8// 8/8// 188/
3600 23 AVE. SOUTH LAKE WORTH FL 33461		C/O CAROL LINDSEY 2501 FLORAL RD. LANTANA FL 33462-3918 US				
				3. Date Incorporated or Qualified 05/12/1986	3a. Date of Last Report 03/13/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2713700	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional	
City & State		27 City & State			Fee Required	
23		28 State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for	intangible tax under s. 199.032, Yes
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes  10. Name and Address of New Ri	
			81	Name		
MAGALDI, GLEN				Street	Address (P.O. Box Number is Not Accepta	ble)
1	AVE. SOUTH ORTH FL 33461		83	<b></b>		
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
44.6	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	2 C12 4500 Florido C1- 4	an Aba aba			FL
office or r	egistered agent, or both, in the State	2 and 617.1508, Florida Statuti of Florida. Such change was a	es, the abov authorized b	e-named y the con	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing as registered pt the appointment as registered
ł	m tamiliar with, and accept the obliga	tions of, Section 617.0503, Fig	orida Statute	<b>S</b> .		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Ag	ent a gnature	e required when relinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PD	☐ DELETE	1.1 TITLE		ļ	Change Addition
NAME	MAGALDI, GLEN		1.2 NAME			
STREET ADDRESS	3600 23 AVE SOUTH	1		T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		1.4 CITY-	ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		70	Change Addition
NAME	PARTON, JOHN	_	2.2 NAME			
STREET ADDRESS	3575 23RD AVE. SOUTH #10	7		T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461	TT Dr. rtr	2. 4 CITY-	ST-ZIP		[] Obs [] 4.000
TITLE	D INDOEY II O	DELETE	3.1 TITLE		1	Change Addition
NAME	LINDSEY, M C		3.2 NAME			
STREET ADDRESS	2501 FLORAL RD LANTANA FL			T ADDRESS		
CITY-ST-ZIP	LANIANA FL	DELETE	3.4, CITY- 4.1 TITLE	ST-ZIP	-0	Change Addition
TITLE		Em presie			Bachman, John	Charge La Addition
NAME			4. 2 NAME		seen seed Our 5	
STREET ADDRESS				T ADDRESS	3690 A3Ad Ave. 5 Lake Worth, FL 334	V. 1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY -: 5.1 TITLE	51 - LIP	MARKE WOFTER, FO 437	Change Addition
NAME			5.2 NAME		1	End orange End ridorron
				T ADDRESS	· ·	
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY -: 6.1 TITLE	31- <i>L</i>		Change Addition
NAME		F-1 precit	6.2 NAME		1	viango realitott
STREE1 ADDRESS			0.3 STHEE	T ADDRESS		

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), Fiorida 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

IGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

4-23-97

51/- 433 - 2180 Dayline Phone # 0043796

**FILED** 

May 08 1997 8:00am

Secretary of State