

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N16061 (6)**

1. Corporation Name  
**MARINA VILLAS CONDOMINIUM, INC.**



Principal Place of Business: **4055 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US**  
Mailing Address: **4055 TAMIAMI TRAIL P.O. BOX 2351 PORT CHARLOTTE FL 33952 US**

21. Principal Place of Business: Subj., Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

3. Date Incorporated or Qualified: **07/28/1986**  
3a. Date of Last Report: **03/30/1995**  
4. FEI Number: **59-2363441**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LENZNER, RICHARD W.  
4055- TAMIAMI TRAIL  
PT. CHARLOTTE FL 33952**

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

11. Pursuant to the provisions of Sections 617.0002 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Richard W. Lenzner* MD. 1-22-96

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	BAKER, SHIRLEY	
13. STREET ADDRESS	22278 VICK ST 103	
14. CITY, ST, ZIP	PT. CHARLOTTE FL	
15. TITLE	SD	<input type="checkbox"/> DELETE
16. NAME	MARSH, LUCILLE	
17. STREET ADDRESS	24300 AIRPORT RD. #71	
18. CITY, ST, ZIP	PUNTA GORDA FL	
19. TITLE	TD	<input type="checkbox"/> DELETE
20. NAME	KIRK, PHIL	
21. STREET ADDRESS	132 ISLAND POINT RD.	
22. CITY, ST, ZIP	NORTH PORT FL	
23. TITLE	D	<input type="checkbox"/> DELETE
24. NAME	BORGSTROM, CHARLES	
25. STREET ADDRESS	316 COLDWAY DR	
26. CITY, ST, ZIP	PUNTA GORDA FL	
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-2)

31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. CITY, ST, ZIP		
39. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME		
41. STREET ADDRESS		
42. CITY, ST, ZIP		
43. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME		
45. STREET ADDRESS		
46. CITY, ST, ZIP		
47. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
48. NAME		
49. STREET ADDRESS		
50. 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Richard W. Lenzner* MD. 1-22-96 941-627-8633

CR2E037 (12/95)