FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

DOCUMENT # N17051

(6)

Mailing Address

MARIE'S	YACHT	HARBOR	CLUB	CONDOMINIUM	ASSOCIATIO
N, INC.					

100 AVENUE I COCO PLUM BEACH MARATHON FL 33050		P O BOX 522822 COCO PLUM BEACH MARATHON FL 33052 US	COCO PLUM BEACH MARATHON FL 33052		Date Incorporated or Qualified 09/30/1986	3a. Date of Last 1	· .	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-28 19375 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	¬ ′		Election Campaign Financing Trust Fund Contribution	sing \$5.00 May Be Added to Fees		
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29			Florida Statutes Yes No 10. Name and Address of New Registered Age				
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent		
			į					
	GTON, WILLIAM		ſ	82 Street Add	ress (P.O. Box Number is Not Acceptable))		
100 AVE			}	83				
	PLUM BCH		1	04 04		85 Zir	Code	
	10N FL 33050			84 City		FL T		
or registe	red agent, or both, in the State of Fic ith, and accept the obligations of, Se	orida. Such change was authorize oction 617.0503, Florida Statutes.	or by the c	orporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing its nature of changing its red	egistered office agent. I am	
	Signature, typed or printed name of registered age		F Registered	Agent signature require	ed when reinstating: ADDITIONS CHANGES TO OF FIG.		RS IN 12	
12.		ND DIRECTORS	1.1 70	TIF	ADDITIONS OF ARROLD TO CLEAN	Change	RS IN 12 Addition	
TITLE NAME	PD Harrington, William	Poccess	1.2 NA			_	_	
STREET ADDRESS	100 AVE I- COCO PLUM BO	:H	1	REET ADDRESS				
City-St-ZiP	MARATHON FL	A1	1.4 CI	TY-ST-ZIP			(
TITLE	VPD	DELETE	2 1 TH	TLE		Change	Addition (
NAME	MILES, ROBERT		22 N	ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	MARATHON FL	£3/5000	_	ITY - ST - ZIP		☐ Change	Addition	
TITLE	STD	DELETE	3.1 11	· ·				
NAME	HULL, JERRILYNN		3.2 N/	rme Treet address				
STREET ADDRESS	100 / 110 / 0000 / 120 // 20	П		ITY-ST-ZIP				
CITY-ST-ZIP TITLE	MARATHON FL	DELETE	41 TI			☐ Change	☐ Addition	
NAME		5	4 2 N	AME				
STREET ADDRESS		LUM BCH	4.3 S	TREET ADDRESS				
CITY-ST-ZIP	MARATHON, FL		_	TY-ST-ZIP			- Name	
TITLE	UPD	DELETE	5 1 TI			☐ Change	☐ Addition	
NAME	WOOD, STEVE 100 AVE I - COCO A	Lieux Bail	5 2 N				1	
STREET ADDRESS	100 AVE I - COCOM	IVM BCH		TREET ADDRESS				
CITY-ST-ZIP	MARATHON, FL	DELETE	54 C	TY-ST-ZIP		Change	Addition	
TITLE			6.2 N			•	<u> </u>	
NAME ethret annocce	WALKER, BEN 100 AVE I - COCO PL MARA THON, FL	um Red		TREET ADORESS				
STREET ADDRESS	100 AVE T. COCOLO	VIII ADON		ITY-ST-ZIP			ļ	
CITY-ST-ZIP_	MAKE MADIN, CO		0.40		for the averaging stated in Cooling 110.	07/2\(II) Florido Statu	toc I further	

SIGNATURE:

14. I do hereby certify that the

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 if change), or on a stackment with an address. PIERCE G. THEAKSTON 4-17-96 (305) 743-4075