FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17051

(6)

MARIE'S YACHT HARBOR CLUB CONDOMINIUM ASSOCIATION. INC.

Principal Place of Business Mailing Address 100 AVENUE I P O BOX 522822 COCO PLUM BEACH COCO PLUM BEACH MARATHON FL 33050 MARATHON FL 33052-2822 Date Incorporated or Qualified 09/30/1986 3a. Date of Last Report 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2819375 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARRINGTON, WILLIAM 82 Street Address (P.O. Box Number is Not Acceptable) 100 AVE I 83 **COCO PLUM BCH MARATHON FL 33050** 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE 1.17016 Change Addition NAME THEAKSTON, REACE 1.2 NAME 100 AVE I, COCO PLUM BEACH STREET ADORESS 1.3 STREET ADDRESS MARATHON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VPD DELETE ☐ Change TITLE 2.1 TITLE Addition NAME WOOD, STEVE 2.2 NAME 100 AVE I, COCO PLUM BCH STREET ADDRESS 2.3 STREET ADDRESS MARATHON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE STD 3.1 TITLE Change Addition NAME WALKER, BEN 3.2 NAME 100 AVE I, COCO PLUM BEACH STREET ADDRESS 3.3 STREET ADDRESS MARATHON FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify 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, 2 on apputtachment with an address.

FILED

Apr 25 1997 8:00am

Secretary of State

(96/6)