

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N23077** (3)

1. Corporation Name

MARNOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**220 S.E. 6TH STREET
CAPE CORAL FL 33990**

Mailing Address

**220 S.E. 6TH STREET
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified
10/19/1987

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21 **NO CHANGE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **NO CHANGE**

Suite, Apt. #, etc.

4. FEI Number

65-0016524

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**BARRY, ANTONIO
220 S.E. 6TH STREET
CAPE CORAL FL 33990**

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 617.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BARRY, ANTONIO**
STREET ADDRESS **3807 S.E. 15TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **VD
BARRY, JACQUELINE**
STREET ADDRESS **3807 S.E. 15TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **SD
COPEN, VIRGINIA D.**
STREET ADDRESS **1104 S.E. 8TH ST.**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **T
LAUERRUE, MARC**
STREET ADDRESS **220 S.E. 6TH STREET**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, upon an attachment with an address.

SIGNATURE:

MARC LAUERRUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

741-558-0414

CR2E037 (12/95)