SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Jul 23 1998 8:00am *

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N23077 (3)				_
MARNOR CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business Mailing Address		Mailing Address		
220 S.E. 6TH STREET				3. Date Incorporated or Qualified 10/19/1987
				4. FEI Number Applied For
2 Delegand C	Place of Business	2a Mailing Addrage		65-0016524 Not Applicable
21 //04		28. Mailing Address 28 //04 55 8	ST	5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	1º CORAL FI	City & State	FI.	7. Is this nonprofit corporation a homeowners association? Yes No
		Zip	Country	8. This corporation owes or has paid the current year intangible
zip 339		29 33990 30	LEU	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Registered Agent
ANT 40				
BARRY, ANTONIO 8220 S.E. 6TH STREET				Idress (P.O. Box Alumber is Not Acceptable)
CAPE CORAL*FL 33990			63 bL	11
OAI E OO	(#1C E 00000		84 City	
			84 CAPE	FL 85 Zip Code 33.99 P
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				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
12.	Signature, typed or printed name of registered age	IND DIRECTORS (NOTE: F	13.	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE		
NAME	BARRY, ANTONIO		1.2 NAME	RARRY ANTHONY
STREET ADDRESS			1.3 STREET ADDRESS	BARRY ANTHONY Change Addition
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	CAPE CORAL FI 83990
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	BARRY, JACQUELINE		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	
TITLE	SD:	L DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS	COPEN, VIRGINIA D. 1104 S.E. 8TH ST.		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1	3.4 CITY-ST-ZIP	
TITLE	T	DELETE	4.1 TITLE	Change Addition
NAME	LAUERRUE, MARC		4.2 NAME	
STREET ADDRESS	220 S.E. 6TH STREET]	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARE CORAL FL		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS]	5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE NAME		E DECETE	6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	:
14. I hereby o	ertify that the Information supplied wit	th this filing does not qualify for the e	xemption stated in s	ection 119.07(3)(i), 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 if 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.				