

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90257 033 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23077

1. Corporation Name

MARNOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1104 SE 8TH ST
#11
CAPE CORAL FL 33990
US

Mailing Address

1104 SE 8TH ST
#11
CAPE CORAL FL 33990
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22

City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27

City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

10/19/1987

4. FEI Number

65-0016524

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARRY, ANTHONY
1104 SE 8TH ST
#11
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 PD ☐ DELETE

NAME BARRY, ANTHONY
STREET ADDRESS 1104 SE 8TH ST
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VD ☐ DELETE

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

TITLE SD ☒ DELETE

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

TITLE T ☐ DELETE

NAME 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

S.O. Taylor, Mike
1104 SE 8TH ST
CAPE CORAL FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-99

Date

678-0326

Daytime Phone #

CR2E037 (11/98)