


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N23077	
1. Entity Name MARNOR CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1104 SE 8TH ST #7 CAPE CORAL, FL 33990 US	Mailing Address 1104 SE 8TH ST #7 CAPE CORAL, FL 33990 US
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0016524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARRY, ANTHONY
1104 SE 8TH ST
#7
CAPE CORAL, FL 33990**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000112821 04/14/04-00039-002 \$1.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, MICHAEL 1104 SE 8TH HY CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARC, LAUERRUE 220 SE 6TH ST CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMAICA, DAISY 1104 SE 8TH ST #5 CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSZULINSKI, GEORGE 1314 CAPE CORAL PKWY CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENI, TERRI P O BOX 113 POINT AU BARIL ONTARIO CAN, p061k0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Taylor **MICHAEL TAYLOR** 4/12/04 ⁽²³⁹⁾ 574-4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #