

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N23894 (1)
1. Corporation Name
MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US	Mailing Address ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109-0001 US
---	--

3. Date Incorporated or Qualified 12/16/1987	3a. Date of Last Report 02/26/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0036634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLUMERG, MAX
7215 W 20TH AVENUE
HALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name JAMES W BOWLING ESQ
82 Street Address (P.O. Box Number is Not Acceptable) 1680 NE 135th Street 2nd floor
83
84 City NORTH MIAMI
FL 85 Zip Code 33181

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. Any familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *James W. Bowling* **JAMES W. BOWLING** **6/30/97**
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 STD	<input checked="" type="checkbox"/> DELETE
NAME THOMAS P. WICKY	
STREET ADDRESS 1 FISHER ISLAND DR	
CITY-ST-ZIP FISHER ISLAND FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BLUMERG, MAX	
STREET ADDRESS 7215 W 20TH AVENUE	
CITY-ST-ZIP HALEAH FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME POLOW, PETER	
STREET ADDRESS 41220 FISHER ISLAND DR	
CITY-ST-ZIP FISHER ISLAND FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JIM BOWLING ESQ	
1.3 STREET ADDRESS 1680 NE 135th Street	
1.4 CITY-ST-ZIP NO MIAMI FL 33181	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ANTHONY KING	
2.3 STREET ADDRESS 40 205 FISHER ISLAND DR	
2.4 CITY-ST-ZIP FISHER ISLAND FL 33109	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME PETER IMBERT	
3.3 STREET ADDRESS 36 EAST LAKE DRIVE	
3.4 CITY-ST-ZIP AMITYVILLE NY 11707-3211	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 700002232287	
6.3 STREET ADDRESS -07/08/97--01004--033	
6.4 CITY-ST-ZIP ***61.25	

14. I do 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

CR2E037 (9/96)