

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23894 (1)**  
1. Corporation Name  
**MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US</b>	Mailing Address <b>ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US</b>
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3. Date Incorporated or Qualified <b>12/16/1987</b>	
4. FEI Number <b>65-0036634</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**BOWLING, JAMES W ESQ.  
1680 NE 135TH ST. 2ND FLOOR  
N. MIAMI FL 33181**

10. Name and Address of New Registered Agent

81. Name <b>Denise Le Vine</b>		
82. Street Address (P.O. Box Number is Not Acceptable) <b>41219 Fisher Island Drive</b>		
83. City <b>Fisher Island</b>	84. State <b>FL</b>	85. Zip Code <b>33109</b>

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: *Denise Le Vine* DATE: **2/20/98**

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BOWLING, JIM ESQ.</b>	
STREET ADDRESS <b>1680 NE 135TH ST.</b>	
CITY-ST-ZIP <b>N. MIAMI FL 33181</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KING, ANTHONY</b>	
STREET ADDRESS <b>40205 FISHER ISLAND DR.</b>	
CITY-ST-ZIP <b>FISHER ISLAND FL 33109</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>IMBERT, PETER</b>	
STREET ADDRESS <b>36 E. LAKE DR.</b>	
CITY-ST-ZIP <b>AMITYVILLE NY 11707-3211</b>	
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 <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Denise Le Vine</b>	
1.3 STREET ADDRESS <b>41219 Fisher Island Drive</b>	
1.4 CITY-ST-ZIP <b>Fisher Island FL 33109</b>	
2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>LINDA PERESKY</b>	
2.3 STREET ADDRESS <b>41211 Fisher Island Drive</b>	
2.4 CITY-ST-ZIP <b>FISHER ISLAND FL 33109</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>BETTY MITCHELL</b>	
3.3 STREET ADDRESS <b>41221 Fisher Island Drive</b>	
3.4 CITY-ST-ZIP <b>FISHER ISLAND FL 33109</b>	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Denise Le Vine* DATE: **2/20/98**

CR2E037 (10/97)