

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27085 (2)

1. Corporation Name

THE MARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PROFESSIONAL BAYWAY MANAGEMENT COMPANY
5901 SUN BLVD. SUITE 203
ST. PETERSBURG FL 33715C/O PROFESSIONAL BAYWAY MANAGEMENT COMPANY
5901 SUN BLVD. SUITE 203
ST. PETERSBURG FL 33715-11943. Date Incorporated or Qualified
06/22/19883a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGUIRE, K. PAUL III
1507 KENWOOD AVENUE NORTH
ST. PETERSBURG FL 3373481 Name William Newton
82 Street Address (P.O. Box Number is Not Acceptable)
5901 Sun Blvd.
83 SUITE 203
84 City St. Petersburg FL 85 Zip Code 33715

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELMEER, PHIL	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY - ST - ZIP	ST PETERSBURG FL 33715	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOWKE, BARBARA	
STREET ADDRESS	5901 SUN BLVD	
CITY - ST - ZIP	ST PETERSBURG FL 33715	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ORTHNER, GARY	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY - ST - ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELIZABETH LEAHUR	
1.3 STREET ADDRESS	5901 SUN BLVD SUITE 203	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33715	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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.

SIGNATURE:

Elizabeth M. Mearns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Date

864-0155

Daytime Phone # 0051127

CR2E037 (9/96)