

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 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 # **N27085** (2)  
1. Corporation Name  
**THE MARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O PROFESSIONAL BAYWAY MANAGEMENT COMPANY 5901 SUN BLVD. SUITE 203 ST. PETERSBURG FL 33715</b>		Mailing Address <b>C/O PROFESSIONAL BAYWAY MANAGEMENT COMPANY 5901 SUN BLVD. SUITE 203 ST. PETERSBURG FL 33715</b>		3. Date Incorporated or Qualified <b>06/22/1988</b>	
				4. FEI Number <b>59-2904183</b>	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b> City & State		<b>27</b> City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>23</b> Zip Country		<b>28</b> Zip Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Zip Country		<b>29</b> Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NEWTON, WILLIAM 5901 SUN BLVD SUITE 203 ST PETERSBURG FL 33715</b>				10. Name and Address of New Registered Agent	
				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	ELMEER, ELIZABETH	1.2 NAME	JOHN FORESETH
STREET ADDRESS	5901 SUN BLVD SUITE 203	1.3 STREET ADDRESS	5901 SUN BLVD., #203
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD	2.1 TITLE	VP
NAME	FOWKE, BARBARA	2.2 NAME	SIGRID PENDLETON
STREET ADDRESS	5901 SUN BLVD	2.3 STREET ADDRESS	5901 SUN BLVD., #203
CITY-ST-ZIP	ST PETERSBURG FL 33715	2.4 CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	STD	3.1 TITLE	SEC TRES
NAME	ORTHNER, GARY	3.2 NAME	PHILLIP ELMEER
STREET ADDRESS	5901 SUN BLVD SUITE 203	3.3 STREET ADDRESS	5901 SUN BLVD., #203
CITY-ST-ZIP	ST PETERSBURG FL 33715	3.4 CITY-ST-ZIP	ST PETERSBURG FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E037 (1097)