

# FILE NOW: FILING FEE IS \$61.25

**\*NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N93000004677

1. Corporation Name

**MARIWAK PLACE CONDOMINIUM**

Principal Place of Business

Mailing Address

2. Principal Place of Business  
21 **456 HARRISON AVE**  
Suite, Apt. #, etc.  
22  
City & State  
23 **PAUMotu CITY FL**  
Zip  
24 **32401**  
Country  
25 **USA**  
2a. Mailing Address  
26 **3104 FOYRIDGE RD**  
Suite, Apt. #, etc.  
27  
City & State  
28 **DOthan AL**  
Zip  
29 **36202**  
Country  
30 **USA**

3. Date Incorporated or Qualified **10/8/93**  
3a. Date of Last Report  
4. FEI Number **59-3241591**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**NABORS, SCOTT T**  
**456 HARRISON AVE.**  
**PAUMotu CITY, FL 32401**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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

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	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW STEVEN D</b>	
STREET ADDRESS	<b>3104 FOYRIDGE RD</b>	
CITY - ST - ZIP	<b>DOthan, AL 36202</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, G. S.</b>	
STREET ADDRESS	<b>3206 FOYRIDGE RD</b>	
CITY - ST - ZIP	<b>DOthan, AL 36202</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, JULIE T.</b>	
STREET ADDRESS	<b>3104 FOYRIDGE RD</b>	
CITY - ST - ZIP	<b>DOthan, AL 36202</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	

**500001868865**  
**-06/20/96--01021--028**  
**\*\*\*70.00**

**G-19-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/10/96** **334 793-7627**

Date

Daytime Phone

CR2E037 (12/95)