

5-1598 B - 7494 - C
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FILED
 May 15 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000005218 (3)
 1. Corporation Name
 MARLIN RUN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3150 MATECUMBE KEY ROAD, PUNTA GORDA FL 33955
 Mailing Address: FLM 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573

3. Date Incorporated or Qualified: 11/18/1993

4. FEI Number: 59-3236781
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: GREENE, ROBERT E, FLORIDA LIFESTYLE MANAGEMENT, 1904 CLUBHOUSE DRIVE, SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D SCOTT, CYNTHIA <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, CYNTHIA | 1.2 NAME | LEE STERMER |
| STREET ADDRESS | 206 ISLAMORADA BLVD. | 1.3 STREET ADDRESS | 404 GASPAR KEY LANE |
| CITY-ST-ZIP | PUNTA GORDA FL | 1.4 CITY-ST-ZIP | PUNTA GORDA FL. 33955 |
| TITLE | PD HERRON, ROBERT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERRON, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 106 ISLAMORADA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD GIEGLER, BEVERLEY <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIEGLER, BEVERLEY | 3.2 NAME | |
| STREET ADDRESS | 414 GASPER KEY LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D DAVIDSON, MO <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | REGINA PARKER Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIDSON, MO | 4.2 NAME | |
| STREET ADDRESS | 401 GASPER KEY LANE | 4.3 STREET ADDRESS | 462 GASPAR KEY LANE |
| CITY-ST-ZIP | PUNTA GORDA FL | 4.4 CITY-ST-ZIP | PUNTA GORDA, FL. 33955 |
| TITLE | D WIGNER, CAROL <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIGNER, CAROL | 5.2 NAME | |
| STREET ADDRESS | 410 GASPER KEY LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *[Signature]* 4/6/98 (941)637-1804

CR2E037 (10/97)