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May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

N9300000551

1. Corporation Name

MARINA DEL REY ASSOCIATION, INC.

Principal Place of Business

121 W. Lexington Drive  
Annex-Mezzanine  
Glendale, CA 91203

Mailing Address

115 SE 13th Street, #C  
Fort Lauderdale, FL 33316

3. Date Incorporated or Qualified  
12/9/93

3a. Date of Last Report  
5/13/96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Suzanne Z. Weiss  
115 SE 13th Street, #C  
Fort Lauderdale, FL 33316

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Spinoglio, Ronald L.	
STREET ADDRESS	121 W. Lexington Dr, A-M	
CITY-ST-ZIP	Glendale, CA 91203	
TITLE	VP-D	<input type="checkbox"/> DELETE
NAME	McMillan, WJ	
STREET ADDRESS	121 W. Lexington Dr, A-M	
CITY-ST-ZIP	Glendale, CA 91203	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	Hess, Terry D.	
STREET ADDRESS	414 No. Central	
CITY-ST-ZIP	Glendale, CA 91203	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Weiss, Suzanne Z.	
STREET ADDRESS	115 SE 13th Street, #C	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jones, Raymond	
STREET ADDRESS	212 So. Trion St, #500	
CITY-ST-ZIP	Charlotte, NC 28201	

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	

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14. I do hereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE Z. WEISS 4/30/97 (954) 524-1540

CR2E037 (9/96)