


FILE NOW: FILING FEE IS \$61.25

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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001313 (5)

1. Corporation Name

MARCO ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business	Mailing Address
405 FIFTH AVENUE, SOUTH STE 6 NAPLES FL 33940 US	405 FIFTH AVENUE, SOUTH STE 6 NAPLES FL 33940 US

2. Principal Place of Business	2a. Mailing Address
21 1400 N. Collier Blvd Suite, Apt. #, etc.	26 Masters Golf Corp. Suite, Apt. #, etc.
22	27 215 E. Central Blvd
23 City & State Marco Island, FL	28 Orlando, FL
24 Zip 34146	25 Country USA
29 Zip 32801	30 Country USA

3. Date Incorporated or Qualified	03/14/1994
4. FEI Number	65-0563054
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
COOK, DAVID C/O YWV, P.A. 801 LAUREL OAK DRIVE, #300 NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name JACK ANTARAMIAN
82 Street Address (P.O. Box Number is Not Acceptable)
365 FIFTH AVENUE SOUTH, #201
83
84 City NAPLES
85 Zip Code FL 34102

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, in 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ANTARAMIAN, JACK
STREET ADDRESS	405 FIFTH AVENUE, SOUTH
CITY-ST-ZIP	NAPLES FL 33940
TITLE	<input type="checkbox"/> DELETE
NAME	THOMAS, CHARLES
STREET ADDRESS	405 FIFTH AVENUE, SOUTH
CITY-ST-ZIP	NAPLES FL 33940
TITLE	<input type="checkbox"/> DELETE
NAME	FRAZZITA, ROBERT
STREET ADDRESS	405 FIFTH AVENUE, SOUTH
CITY-ST-ZIP	NAPLES FL 33940
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH #201
1.4 CITY-ST-ZIP	NAPLES, FL 34102
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH #201
2.4 CITY-ST-ZIP	NAPLES, FL 34102
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH #201
3.4 CITY-ST-ZIP	NAPLES, FL 34102
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 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, upon an attachment with an address.

SIGNATURE: *[Signature]* 4/22/98 941-434-0600

CR2E037 (10/97)