

FILE NOW: FILING FEE AFTER MAY 1st \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:18

DOCUMENT # N94000003386 (9)

1. Corporation Name

MAR BRISA OWNERS ASSOCIATION, INC.

Principal Place of Business: 492 E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH FL 32937
Mailing Address: 492 E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report N/A
4. FEI Number 59-3253917	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent MCWILLIAMS, TIMOTHY F 492 E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH FL 32937	10. Name and Address of New Registered Agent
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)
B3.	B4. City
	B5. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPRIMA, JOSEPH	12 NAME	
STREET ADDRESS	1199 S. PATRICK DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, TIMOTHY F	22 NAME	
STREET ADDRESS	492 E. EAU GALLIE BLVD.	23 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPRIMA-MCWILLIAMS, ROSEANN	32 NAME	
STREET ADDRESS	492 E. EAU GALLIE BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **TIMOTHY MCWILLIAMS** _____
 (Signature and typed name of signing officer or director)
 Date: **Jan 12, 1995** Time: **9:07-777-4111**