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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000003386 (9)

1. Corporation Name

MAR BRISA OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

492 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937

492 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937-4207

1199 So Patrick Dr.
Satellite Bch, FL. 32937

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1199 So Patrick Dr.
Suite, Apt. #, etc

26 Suite, Apt. #, etc.

4. FEI Number

59-3253917

Applied For

Not Applicable

22 City & State

23 Satellite Bch, FL.

27 City & State

28

5. Certificate of Status Desired

Additional Fee Required \$8.75

6. Election Campaign Financing Trust Fund Contribution

Additional Fee \$5.00 May Be Added to Fees

24 Zip

32937

Country

25 USA

29 Zip

Country

30

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

MCWILLIAMS, TIMOTHY F
492 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937

Joseph D. Prima
1199 So Patrick Dr
Satellite Bch, FL.
32937

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

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME DIPRIMA, JOSEPH
STREET ADDRESS 1199 S. PATRICK DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME MCWILLIAMS, TIMOTHY F
STREET ADDRESS 492 E. EAU GALLIE BLVD.
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME DIPRIMA-MCWILLIAMS, ROSEANN
STREET ADDRESS 492 E. EAU GALLIE BLVD.
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone # 0018702

CFR2037 (9/96)