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04-23-1999 90217 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003386

1. Corporation Name

MAR BRISA OWNERS ASSOCIATION, INC.

* 4 8 5 2 1 8 *

405210 - 90217 - 21

Principal Place of Business

1199 S. PATRICK DR
 SATELLITE BEACH FL 32937
 US

Mailing Address

1199 S. PATRICK DR
 SATELLITE BEACH FL 32937
 US



2. Principal Place of Business

21 112 Mar Brisa Ct.

Suite, Apt. #, etc.

22 Satellite Beach, FL

24 32937 25 US

2a. Mailing Address

26 1980 N. Atlantic Ave

Suite, Apt. #, etc.

27 701 28 Cocoa Beach, FL

29 32931 30 US

3. Date Incorporated or Qualified

07/05/1994

4. FEI Number

59-3253917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PRIMA, JOSEPH D
 1199 S. PATRICK DR
 SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: Peter Davis
 82 Street Address (P.O. Box Number is Not Acceptable): 1980 N. Atlantic Ave.
 83 Ste. #701
 84 City: Cocoa Beach FL 85 Zip Code: 32931

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

Peter Davis

4/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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

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

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
 1.2 NAME: Blumenthal, Dennis
 1.3 STREET ADDRESS: 404 Espana Ct.
 1.4 CITY-ST-ZIP: Satellite Beach, FL. 32937

2.1 TITLE: Change Addition
 2.2 NAME: Howlett Dale
 2.3 STREET ADDRESS: 503 Espana Ct.
 2.4 CITY-ST-ZIP: Satellite Beach, FL. 32937

3.1 TITLE: Change Addition
 3.2 NAME: Roy Clara
 3.3 STREET ADDRESS: 712 Mar Brisa Ct.
 3.4 CITY-ST-ZIP: Satellite Beach, FL. 32937

4.1 TITLE: Change Addition
 4.2 NAME: Valentine Richard
 4.3 STREET ADDRESS: 501 ESPANA CT.
 4.4 CITY-ST-ZIP: Satellite Beach, FL 32937

5.1 TITLE: Change Addition
 5.2 NAME: Benincasa Johanna
 5.3 STREET ADDRESS: 406 ESPANA CT.
 5.4 CITY-ST-ZIP: Satellite Beach, FL. 32937

6.1 TITLE: Change 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-99 (401) 953-1714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)