

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000002759 (7)**

1. Corporation Name

MARIUS CENTER OFFICE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

1941 BRANTLEY CIRCLE
CLERMONT FL 34711

1941 BRANTLEY CIRCLE
CLERMONT FL 34711

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5 CEDAR DUNES DRIVE**

26 **PO Box 877**

4. FEI Number
59-3336261

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

NEW SMYRNA BEACH, FL

NEW SMYRNA BEACH, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **32169**

25 **VOLUSIA**

29 **32170-0877**

30 **VOLUSIA**

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

LAMBERT, RUSSELL
1941 BRANTLEY CIRCLE
CLERMONT FL 34711

81 Name **SAME AGENT - NEW ADDRESS**

82 Street Address (P.O. Box Number is Not Acceptable)

5 CEDAR DUNES DRIVE

83

84 City **NEW SMYRNA BEACH**

FL

85 Zip Code

32169

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 of officer, printer, name or qualified agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMBERT, RUSSELL	
STREET ADDRESS	P.O. BOX 120908	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, MARINO	
STREET ADDRESS	993 W. LAKE SHORE DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANLGEY, RICHARD H	
STREET ADDRESS	700 ALMOND STREET, P.O. BOX 120188	
CITY-ST-ZIP	CLERMONT FL 34712	
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 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	

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 119.07(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 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

RUSSELL LAMBERT PRESIDENT

3/2/96

Date

904-424-0405

Daytime Phone #

CR2E037 (12/95)