

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002759 (7)
1. Corporation Name
MARUS CENTER OFFICE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 5 CEDAR DUNES DR NEW SMYRNA BEACH FL 32169 US	Mailing Address P O BOX 877 NEW SMYRNA BEACH FL 32170-0877 US
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2. Principal Place of Business 21 34 LOGGERHEAD CT. Suite, Apt. #, etc.		2a. Mailing Address 26 34 LOGGERHEAD CT Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report 03/13/1996
22 City & State 23 PONCE INLET, FL		27 City & State 28 PONCE INLET, FL		4. FEI Number 59-3336261	Applied For Not Applicable
24 32127¹⁰⁴⁰ 25 VOLUSIA		29 32127¹⁰⁴⁰ 30 VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 PONCE INLET, FL		28 PONCE INLET, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32127¹⁰⁴⁰ 25 VOLUSIA		29 32127¹⁰⁴⁰ 30 VOLUSIA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAMBERT, RUSSELL
5 CEDAR DUNES DR
NEW SMYRNA BEACH FL 32116**

10. Name and Address of New Registered Agent
81 Name SAME AGENT - NEW ADDRESS
82 Street Address (P.O. Box Number is Not Acceptable) 34 LOGGERHEAD COURT
84 City PONCE INLET FL 85 Zip Code 32127

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 _____ (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	ADDRESS CHANGE ONLY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	34 LOGGERHEAD COURT	
1.4 CITY-ST-ZIP	PONCE INLET, FL 32127-1040	
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 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: *Russell Lambert* **RUSSELL LAMBERT 3/6/97 9043040540**

CR2E037 (9/96)