
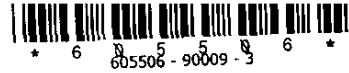


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Jul 29, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000002759		
1. Corporation Name MARUS CENTER OFFICE CONDOMINIUM ASSOCIATION, INC		
Principal Place of Business 34 LOGGERHEAD CT PONCE INLET FL 32127 US	Mailing Address 34 LOGGERHEAD CT PONCE INLET FL 32127 US	



2. Principal Place of Business 21 1012 EAST AVE	2a. Mailing Address 26 P.O. Box 121104	3. Date incorporated or Qualified 06/06/1995
22 Suite, Apt. #, etc. 1012	27 Suite, Apt. #, etc.	4. FEI Number 59-3336261
23 City & State Clermont, FL	28 City & State Clermont, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34711 25 Country USA	29 Zip 34712 30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent LAMBERT, RUSSELL 34 LOGGERHEAD CT PONCE INLET FL 32127	10. Name and Address of New Registered Agent 81 Name Edward P Jordan # 82 Street Address (P.O. Box Number is Not Acceptable) 13543 EAST Hwy 50 83 clermont 84 City clermont FL 85 Zip Code 34711
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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]* DATE **7-22-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, RUSSELL	1.2 NAME	
STREET ADDRESS	34 LOGGERHEAD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARINO	2.2 NAME	
STREET ADDRESS	993 W. LAKE SHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANLGEY, RICHARD H	3.2 NAME	
STREET ADDRESS	700 ALMOND STREET, P.O. BOX 120188	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34712	3.4 CITY-ST-ZIP	
TITLE	<i>President/Director</i> <input type="checkbox"/> DELETE	4.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Hope Lamb</i>	4.2 NAME	<i>Hope Lamb</i>
STREET ADDRESS	<i>P.O. Box 121104</i>	4.3 STREET ADDRESS	<i>519 MAR NANMAR</i>
CITY-ST-ZIP	<i>clermont, FL 34712</i>	4.4 CITY-ST-ZIP	<i>clermont, FL 34711</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>John T. Lamb III</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>P.O. Box 121104</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>clermont, FL 34712</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>BARRY Rubenstein DDS,</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>1000 EAST AV</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>clermont, FL. 34711</i>

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]* DATE: **July 22, 99** DAYTIME PHONE #: **352-394-8214**

CR2E037 (5/99)