


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000532 (9)**  
1. Corporation Name  
**MARLIN RUN II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573</b>	Mailing Address <b>2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573</b>
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3. Date Incorporated or Qualified <b>01/30/1996</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-3431185</b>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GREENE, ROBERT E  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name <b>ROBERT E. GREENE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>40 FLORIDA LIFESTYLE MANAGEMENT</b>
83 <b>(same)</b>
84 City <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>JOHANSEN, ROGER B</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>550 ISLAMORADA BLVD.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33955</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>BALLOU, DEFORREST III</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>544 ISLAMORADA BLVD.</b>	CITY-ST-ZIP <b>PUNTA GORDA FL 33955</b>	1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	NAME <b>HOOD, THOMAS E</b>	2.1 TITLE <b>Vice President-DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8105 PLUM CREEK DRIVE</b>	CITY-ST-ZIP <b>GAITHERSBURG MD 20882</b>	2.2 NAME <b>GASPER BUFFA</b>	
TITLE	NAME	2.3 STREET ADDRESS <b>514 Islamorada Blvd.</b>	
TITLE	NAME	2.4 CITY-ST-ZIP <b>PUNTA GORDA, FL. 33955</b>	
TITLE	NAME	3.1 TITLE <b>SECRETARY/TREASURER-DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME <b>ELEANOR ALBERT</b>	
TITLE	NAME	3.3 STREET ADDRESS <b>500 Islamorada Blvd.</b>	
TITLE	NAME	3.4 CITY-ST-ZIP <b>PUNTA GORDA, FL. 33955</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	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 \_\_\_\_\_ or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **4/18/98**

CR2E037 (1097)