


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000000532 (9)  
1. Corporation Name  
MARLIN RUN II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2020 CLUBHOUSE DRIVE, SUN CITY CENTER FL 33573  
Mailing Address: 2020 CLUBHOUSE DRIVE, SUN CITY CENTER FL 33573

3. Date Incorporated or Qualified: 01/30/1996  
4. FEI Number: 59-3431185  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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: ROBERT E. GREENE, G/O FLORIDA LIFESTYLE MANAGEMENT (same), FL

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	PD JOHANSEN, ROGER B 550 ISLAMORADA BLVD. PUNTA GORDA FL 33955	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BALLOU, DEFORREST III 544 ISLAMORADA BLVD. PUNTA GORDA FL 33955	2.1 TITLE	Vice President-DIRECTOR
NAME		2.2 NAME	GASPER BUFFA
STREET ADDRESS		2.3 STREET ADDRESS	514 Islamorada Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Punta Gorda, FL. 33955
TITLE	STD HOOD, THOMAS E 8105 PLUM CREEK DRIVE GAITHERSBURG MD 20882	3.1 TITLE	SECRETARY/TREASURER-DIRECTOR
NAME		3.2 NAME	ELEANOR ALBERT
STREET ADDRESS		3.3 STREET ADDRESS	500 Islamorada Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Punta Gorda, FL. 33955
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the report or on an attachment with an address.

SIGNATURE: X \_\_\_\_\_

CR2E037 (1097)