

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Jul 31 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001865 (2)**  
 1. Corporation Name  
**MARCO ISLAND FAIR WATER DEFENSE FUND COMMITTEE, INC.**

Principal Place of Business <b>950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND FL 33937</b>	Mailing Address <b>950 NORTH COLLIER BLVD., STE. 201 MARCO ISLAND FL 33937</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0662382</b>		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent  
**KRAMER, FREDERICK C  
 950 NORTH COLLIER BLVD., STE. 201  
 MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BAARMAN, DONALD	
STREET ADDRESS	400 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BILES, FAY	
STREET ADDRESS	1588 HEIGHTS COURT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, FREDERICK C	
STREET ADDRESS	950 NORTH COLLIER BLVD., STE. 201	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PETTERSEN, KJELL	
STREET ADDRESS	350 ROCKHILL CT.	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
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	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baarmann, Donald	
1.3 STREET ADDRESS	400 South Collier Boulevard	
1.4 CITY-ST-ZIP	Marco Island, Florida 34145	
2.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Biles, Fay	
2.3 STREET ADDRESS	1588 Heights Court	
2.4 CITY-ST-ZIP	Marco Island, Florida 34145	
3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Boltz, Beverly	
3.3 STREET ADDRESS	913 North Collier Boulevard	
3.4 CITY-ST-ZIP	Marco Island, Florida 34145	
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: ~~SIGNATURE REQUIRED~~ 7-35-97 941 394 8192

CR2E037 (4/97)