


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 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 # N96000004744 (6)**  
1. Corporation Name  
**MARLIN RUN III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2020 CLUBHOUSE DR SUN CITY CENTER FL 33573</b>	Mailing Address <b>2020 CLUBHOUSE DR SUN CITY CENTER FL 33573</b>
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3. Date Incorporated or Qualified <b>09/12/1996</b>	
4. FEI Number <b>59-3431187</b>	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

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>C/O 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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROVE, DAVE</b>	1.2 NAME	
STREET ADDRESS	<b>311 W. 82 IA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>STA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, BARBARA E</b>	2.2 NAME	
STREET ADDRESS	<b>2037 MATECUMBE KEY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLYNN, CASEY C</b>	3.2 NAME	<b>JANILA TAUB</b>
STREET ADDRESS	<b>8801 CLAY HUBBINS RD</b>	3.3 STREET ADDRESS	<b>2055 MATECUMBE KEY ROAD</b>
CITY-ST-ZIP	<b>FT. WORTH TX</b>	3.4 CITY-ST-ZIP	<b>PUNTA GORDA, FLORIDA 33965</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **3-25-98**

CR2E037 (10/97)