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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000001074**

1. Corporation Name
VIA MARINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~277 SOUTHEAST 5TH AVE~~ ~~DELRAY BEACH FL~~	~~277 SOUTHEAST 5TH AVE~~ ~~DELRAY BEACH FL~~
248 VENETIAN DRIVE DELRAY BEACH FL 33483	

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/21/1997

4. FEI Number: ~~65-0731647~~ 59-3500174 — Applied For ☐ Not Applicable ☐

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~GLICKSTEIN, CARY D~~
~~277 SOUTHEAST 5TH AVE~~
~~DELRAY BEACH FL~~

10. Name and Address of New Registered Agent

81 Name: KEVIN P. WARNER
82 Street Address (P.O. Box Number is Not Acceptable): 248 VENETIAN DRIVE
83
84 City: DELRAY BEACH FL 85 Zip Code: 33483

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] KEVIN P. WARNER, PRES — DATE: 2/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☒ DELETE	1.1 TITLE	PRESIDENT, TREA, DIRECTOR	☒ Change ☒ Addition
NAME	~~ROSS, DAVID J~~		1.2 NAME	KEVIN P. WARNER	
STREET ADDRESS	~~348 SOUTH OCEAN BLVD.~~		1.3 STREET ADDRESS	248 VENETIAN DRIVE	
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	☒ DELETE	2.1 TITLE	VICE PRESIDENT, DIRECTOR	☒ Change ☒ Addition
NAME	~~ROSS, STEPHANIE Y~~		2.2 NAME	JAMES SARGENT	
STREET ADDRESS	~~348 SOUTH OCEAN BLVD.~~		2.3 STREET ADDRESS	258 VENETIAN DRIVE	
CITY-ST-ZIP	~~DELRAY BEACH FL 33483~~		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	SPD	☒ DELETE	3.1 TITLE	SECRETARY, DIRECTOR	☒ Change ☒ Addition
NAME	~~GLICKSTEIN, CARY D~~		3.2 NAME	BEVERLY HOSOKAWA	
STREET ADDRESS	~~277 SE 5TH AVE~~		3.3 STREET ADDRESS	252 VENETIAN DRIVE	
CITY-ST-ZIP	~~DELRAY BEACH FL 33480~~		3.4. CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED KEVIN P. WARNER, PRES 2/15/99 561-266-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #