

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005660 (2)
1. Corporation Name
MARINA POINT MASTER ASSOCIATION, INC.



Principal Place of Business 346 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114	Mailing Address 346 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114
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3. Date Incorporated or Qualified 09/25/1997
4. FEI Number 59-2495521 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**HENRICHON, RICHARD
346 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name KAREN PARKES
82 Street Address (P.O. Box Number is Not Acceptable) 3511 S. PENINSULA DR.
83
84 City Daytona Beach FL 85 Zip Code 32117

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 *Karen D. Parkes* **Karen D. Parkes** **3-11-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	REAM, DEBRA <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME JAMES BANNERMAN	
STREET ADDRESS 600 MARINA POINT DRIVE		1.3 STREET ADDRESS 600 MARINA POINT DRIVE	
CITY-ST-ZIP DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE D	MUNS, ARTHUR <input type="checkbox"/> DELETE	2.1 TITLE EMERITUS TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME EVA WILLIAMS	
STREET ADDRESS 346 SOUTH PALMETTO AVENUE		2.3 STREET ADDRESS 346 SOUTH PALMETTO AVE	
CITY-ST-ZIP DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114	
TITLE D	BROMILEY, PETER <input checked="" type="checkbox"/> DELETE	3.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME TIMOTHY YORK	
STREET ADDRESS 14 BALDWIN LANE		3.3 STREET ADDRESS MARINA POINT DR	
CITY-ST-ZIP HILTON HEAD SC 29926		3.4 CITY-ST-ZIP DAYTONA, BEACH FL 32114	
TITLE D	DUCKETT, VICKI <input checked="" type="checkbox"/> DELETE	4.1 TITLE ALBERT REPASKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME DIRECTOR	
STREET ADDRESS 1100 MARINA POINT DRIVE		4.3 STREET ADDRESS 714 MARINA POINT DR	
CITY-ST-ZIP DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114	
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: *[Signature]* **2/10/98** **904-252-4081**

CR2E037 (10/97)