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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000005660

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 600 Marina Pt. Dr.		26 c/o Southeast Mgmt.		09/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 3511 S. Peninsula Dr.		59-3495521	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Daytona Bh, FL		28 Daytona Bh., FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24 32114		29 32127		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

PARKES, KAREN
 3511 S. PENINSULA DRIVE
 DAYTONA BEACH FL 32127

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ DATE _____
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNERMAN, JAMES	1.2 NAME	
STREET ADDRESS	600 MARINA POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNS, ARTHUR	2.2 NAME	
STREET ADDRESS	346 SOUTH PALMETTO AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, EVA	3.2 NAME	
STREET ADDRESS	346 SOUTH PALMETTO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON BEACH FL 32114	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORK, TIMOTHY	4.2 NAME	D
STREET ADDRESS	MARINA POINT DRIVE	4.3 STREET ADDRESS	Paiva, Luiz
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	Marina Pt. Drive
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Daytona Bh, FL 32114 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPASKY, ALBERT	5.2 NAME	
STREET ADDRESS	714 MARINA POINT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	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, with all other like empowered.

SIGNATURE _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)