


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90219 037 ***150.00

DOCUMENT # P02000073890					
1. Entity Name MARATHON RESORT ASSOCIATES, INC.					
Principal Place of Business 2600 OVERSEAS HIGHWAY MARATHON, FL 33050			Mailing Address PO BOX 5006 KEY WEST, FL 33045		
2. Principal Place of Business 6805 OVERSEAS HWY.		3. Mailing Address P.O. Box 501267			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MARATHON, FL		City & State MARATHON, FL		4. FEI Number 02-0634257	
Zip 33050		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLISON, JOHN R III 100 SE 2ND ST, STE 3350 SUITE 3350 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6803 OVERSEAS HIGHWAY City MARATHON FL Zip Code 33050		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE MGRM NAME ALLISON, JOHN R STREET ADDRESS 100 SE 2ND ST. CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE P NAME SINGH, PRITAM STREET ADDRESS 6805 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME VAIBXCEY, HAGEL STREET ADDRESS 1810 KENNEDY DRIVE 40 FL. CITY-ST-ZIP KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete		TITLE V NAME REYNOLDS, TYLER STREET ADDRESS 6805 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE V NAME HAGEL, NANCY STREET ADDRESS 6805 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE ST NAME ROBERTS, JENNIFER STREET ADDRESS 6805 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jennifer Roberts</u> <u>Jennifer Roberts</u> <u>4-19-04</u> <u>305-296-5601</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					