## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000043163**

MARINA DEVELOPERS, INC.

LEGLER, MITCHELL W

Principal Place of Business Mailing Address 385 HIGHWAY 98 EAST SUITE 60 385 HIGHWAY 98 EAST SUITE 60 DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/15/1997 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3449161 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State 6. Election Campaign Financing City & State Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Ζiρ Country ☐ Yes 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

**ONE INDEPENDENT DRIVE SUITE 3104** JACKSONVILLE FL 32202

FILED					
Apr 21, 1999 8:00 am					
Secretary of State					

04-21-1999 90171 044 \*\*\*150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

		1			1	
		84 City	Jacksonville FL	85 Zip Code 32207		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.						
SIGNATURE Mitchell W. Legler S/1/27						
Signature, typed or printed name of registered agent and title if appliedable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		-	
TITLE	DP (X) DELETE	1.1 TIRE	DP [	☐ Change	<i>"</i> "	
NAME	BOS, PETER H	1.2 NAME	McDOWELL, PATRICK W.			
STREET ADDRESS	385 HIGHWAY 98 EAST SUITE 60	1.3 STREET ADDRESS	385 Highway 98E, Ste. 60			
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	Destin, FL 32541		$\Box$	
TITLE	TY DELETE	2.1 TITLE	S	Change X Addition	n	
NAME	CLAUSON, GREG	2.2 NAME	McDOWELL, STEVEN W.		- }	
STREET ADDRESS	385 HWY 98 E, STE 60	2.3 STREET ADDRESS	385 Highway 98E, Ste. 60			
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	Destin, FL 32541			
TITLE	V	-3.1-TITLE =		Change	מנ	
NAME	LORENZEN, DWIGHT C	3.2 NAME				
STREET ADDRESS	385 HWY 98 E, STE 60	3.3 STREET ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541	3.4. CITY-\$T-ZIP			_	
TITLE	S IX DELETE	4.1 TITLE		Change Addition	nc	
NAME	PARKER, WENDY	4, 2 NAME				
STREET ADDRESS	385 98 E, STE 60	4.3 STREET ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP			4	
πιε	S X DELETE	5.1 TITLE		Change	nc	
NAME	BURKE, GAIL	5.2 NAME			ſ	
STREET ADDRESS	385 98 E, STE 60	5.3 STREET ADDRESS			ì	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP				
TILE	☐ DELETE	6.1 TITLE	1	Change Addition	on	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP		The state of the s		
14. I hereby of	certify that the information supplied with this filing does not qualify for t	ne exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify	that the information		

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Name

LEGLER, MITCHELL W.

Street Address (P.O. Box Number is Not Acceptable)
300A Wharfside Way

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 ar officer or director of the corporation or the receiver or trustee empowered a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an interpretable that my name appears in the same legal effect as if made under oath; that I am are officer or director of the corporation or the receiver or trustee empowered.

Patrick McDowell

SIGNATURE:

(850) 654-6500