

**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED


08 AUG 15 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # 743173**

1. Entity Name  
**MARINA VILLAGE CONDOMINIUM PHASE III, INC.**



Principal Place of Business  
~~10 BARRACUDA LANE~~  
KEY LARGO, FL 33037 US

Mailing Address  
~~10 BARRACUDA LANE~~  
KEY LARGO, FL 33037 US

2. Principal Place of Business - No P.O. Box #  
**1 Barracuda Lane**

3. Mailing Address  
**24 DOCKSIDE LANE**

Suite, Apt. #, etc.  
**PMB 450**

City & State

City & State

Zip Country Zip Country

08092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1900462**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MOSS, EVELYN**  
**10 BARRACUDA LANE**  
**KEY LARGO, FL 33037**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1 Barracuda Lane**

City **FL** Zip Code

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MA</del> <b>MOSS, EVELYN</b> <del>10 BARRACUDA LANE</del> <del>KEY LARGO, FL 33037</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUVAS, NICHOLAS</b> <b>10 BARRACUDA LANE</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REIS, BARBARA</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LAMPL, CAROLYN</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>COWAN, OSTELLA</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALIA, PHYLLIS</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>500134597275</b> <b>08/19/08--01020--013 **70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>21 Marina Village, Unit 21B</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>23 Marina Village, Unit 23B</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STD</b> <b>21 Marina Village, Unit 21A</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>24 Marina Village, Unit 24B</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>24 Marina Village, Unit 24A</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:** Barbara Reis Barbara Reis **8-08-08** **305-342-9519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS