2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # 745442 1. Entity Name MARINA TOWERS AND YACHT CLUB CONDOMINIUM ASSOCIATION, INC.							04-30-2008 90173 023 ****61					****61.2	25
Principal Place of Business 8401 ESTERO BLVD, FT MYERS BEACH, FL 33931-5106			Mailing Address PO BOX 60847 FORT MERS, FL 33906 US										
2. Principal Place of Business - No P.O. Box #			Mailinn Address										
Suite, Apt. #, etc.			Alliant Property Management, LLC - 6719 Winkler Rd. Suite 200				04112008	Chg-NP	c	R2E03	7 (12/06)		
City & State			Fort Mycrs, FL 33919					4. FEI Numb	30568			N	pplied For ot Applicable
Zip - <u>-</u>	Zip Country					, -	5. Certificate of St				<u> </u>	\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	t Registered	Agent		Name		7. Name an	d Address o	f New Regis	stered A	gent	
SPRING SUNSET 12811 KE FORT MYI	MANAGEN NVVQOD L	MENT GROUP LN SUITE 210 33907				-	6719 Y	nt Property Management, LLC Winkler Rd. Suite 200 Myers, FL 33919				p Coc	de
8 The above	named entil	ty submits this statement	for the purpos	e of changing its	renistera	ed office o	r renister	ed agent or h	oth in the Sta	ite of Florida	a lamt	amiliar with	and accent
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE													
SIGNATURE	Signature, typed	1 or printed name of repretered age.	ent and title if applica	able. (NOTE	Registered	d Agent signa	ture required	when reinstating)		7.40	DATE	<u>o</u>	
SIGNATURE	Filing Fe	d or printed name of registered ages the is \$61.25 Way 1, 2008	ant and title if applica	9. Election Cam Trust Fund Co	npaign F	inancing	ture required	when reinstating) \$5.00 May Added to Fee:	Be	Make	DATE check	payable t	
SIGNATURE	Filing Fe	e is \$61.25		9. Election Cam	npaign F	inancing		\$5.00 May	Be s	Make Florida	check Depart	payable t	State
	SD JONES, F	De is \$61.25 May 1, 2008 OFFICERS AND C	DIRECTORS	9. Election Cam	npaign F Contributi 11. TITLE NAMI	inancing ion.		\$5.00 May Added to Fee ADDITIONS/C	Be s HANGES TO	Make Fiorida OFFICERS	DATE check Depart	payable to the payable of Sections in Change	State
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate Daytime Phone #