

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

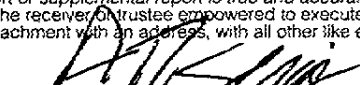
FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 745646					
1. Entity Name MARINA LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5112 S.W. 72ND AVENUE MIAMI FL 33155 US			Mailing Address P.O. BOX 557820 MIAMI FL 33255 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2224414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINE, A.T. 5112 SW 72 AVENUE POST OFFICE BOX 557820 MIAMI FL 33255			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINE, A.T.		NAME	U00000034044 02/05/04-80067-016 61.25	
STREET ADDRESS	5112 SW 72 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISTOW, S.A.		NAME		
STREET ADDRESS	5010 SW 72 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33155		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, CARLOS		NAME		
STREET ADDRESS	5116 SW 72 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33155		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALHOON, GLORIA		NAME		
STREET ADDRESS	5110 SW 72 AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33155		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEILLER, J.		NAME		
STREET ADDRESS	5016 SW 72 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/31/04 305-665-0187