


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90460 018 \*\*\*\*61.25

**DOCUMENT # 746801**

1. Entity Name  
**MARINA SOUTH SHORE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3200 SOUTH SHORE DRIVE  
 PUNTA GORDA, FL 33955**

Mailing Address  
**PO BOX 380758  
 MURDOCK, FL 33938**

**50015659**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01102006 Chg-NP CR2E037 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2000787</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |          |
| <b>WISHARD, KRISTINE<br/>                 23081 HARBORVIEW RD.<br/>                 PORT CHARLOTTE, FL 33980</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| T<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>GOLOMB, LOUISE</b><br>PO BOX 380758<br>MURDOCK, FL 33938 <input type="checkbox"/> Delete                               | S<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>Golomb, Louise</b><br>Po Box 380758<br>Murdock FL 33938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| VPD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>WOOD, CHARLES</b><br>3230-33A SOUTH SHORE DRIVE<br>PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete    | VP<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>Joe Dennis</b><br>Po Box 380758<br>Murdock FL 33938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| PD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MURPHY, JIM</b><br>PO BOX 380758<br>MURDOCK, FL 33938 <input type="checkbox"/> Delete                                  | P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>Jim Murphy</b><br>Po Box 380758<br>Murdock FL 33938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| SD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>WALKER, JOSEPH C</b><br>3280-87B SOUTH SHORE DRIVE<br>PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete | T<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>Al Eckinger</b><br>3220 South Shore Drive #23C<br>Punta Gorda FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| VPD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DENNIS, JOE</b><br>P.O. BOX 380758<br>MURDOCK, FL 33938 <input type="checkbox"/> Delete                                | D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>Larry Kuhn</b><br>3240 South Shore Drive #44B<br>Punta Gorda FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>HOLMES, JOHN</b><br>P.O. BOX 380758<br>MURDOCK, FL 33938 <input type="checkbox"/> Delete                               |   |  |

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:** *Louise Golomb Louise Golomb, Sec* **4/4/06** **941-505-9593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #