

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



01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2000787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISHARD, KRISTINE
23081 HARBORVIEW RD.
PORT CHARLOTTE, FL 33980**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **GOLOMB, LOUISE**
STREET ADDRESS **PO BOX 380758**
CITY-ST-ZIP **MURDOCK, FL 33938**

VPD ☒ Delete
NAME **WOOD, CHARLES**
STREET ADDRESS **3230-33A SOUTH SHORE DRIVE**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

PD ☐ Delete
NAME **MURPHY, JIM**
STREET ADDRESS **PO BOX 380758**
CITY-ST-ZIP **MURDOCK, FL 33938**

SD ☒ Delete
NAME **WALKER, JOSEPH C**
STREET ADDRESS **3280-87B SOUTH SHORE DRIVE**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

VPD ☐ Delete
NAME **DENNIS, JOE**
STREET ADDRESS **P.O. BOX 380758**
CITY-ST-ZIP **MURDOCK, FL 33938**

D ☐ Delete
NAME **HOLMES, JOHN**
STREET ADDRESS **P.O. BOX 380758**
CITY-ST-ZIP **MURDOCK, FL 33938**

S ☒ Change ☐ Addition
NAME **Golomb, Louise**
STREET ADDRESS **PO Box 380758**
CITY-ST-ZIP **MurdoCK FL 33938**

VP ☒ Change ☐ Addition
NAME **Joe Dennis**
STREET ADDRESS **PO Box 380758**
CITY-ST-ZIP **MurdoCK FL 33938**

P ☒ Change ☐ Addition
NAME **Jim Murphy**
STREET ADDRESS **PO Box 380758**
CITY-ST-ZIP **MurdoCK FL 33938**

T ☐ Change ☒ Addition
NAME **Al Eckinger**
STREET ADDRESS **3220 South Shore Drive #23C**
CITY-ST-ZIP **Punta Gorda FL 33955**

D ☐ Change ☒ Addition
NAME **Larry Kuhn**
STREET ADDRESS **3240 South Shore Drive #44B**
CITY-ST-ZIP **Punta Gorda FL 33955**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #