

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# 752145

Entity Name: MARINA DEL REY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

931 PALM TRAIL
DELRAY BCH., FL 33483

New Principal Place of Business:

Current Mailing Address:

931 PALM TRAIL
DELRAY BCH., FL 33483

New Mailing Address:

FEI Number: 59-2686323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZER, DAVID
931 PALM TRAIL #2
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUCCI, AL
Address: 931 PALM TRAIL #8
City-St-Zip: DELRAY BEACH, FL 33483

Title: P () Delete
Name: HASBACH, GARY
Address: 931 PALM TRAIL #3
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: FRUNFIE, VINCENT
Address: 931 PALM TRAIL #6
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: KOSKIE, BARLOGEA
Address: 931 PALM TR SUITE 7
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT () Delete
Name: FITZER, DAVID
Address: 931 PALM TRAIL STE 2
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: NONE () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FITZER

DT

01/06/2004

Electronic Signature of Signing Officer or Director

Date