


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90219 003 ****61.25

DOCUMENT # 755705			
1. Entity Name MARINA ISLES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CAPRI PROP. MGMT. INC (D.GREEN) 810 PINEBROOK RD., STE. B ENGLEWOOD, FL 34223 US		Mailing Address C/O CAPRI PROP. MGMT. INC (D.GREEN) 810 PINEBROOK RD., STE. B ENGLEWOOD, FL 34223 US	
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <i>1801 Glengary Street</i> City & State <i>Sarasota FL</i> Zip <i>34231</i> Country <i>USA</i>		3. Mailing Address <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <i>1801 Glengary Street</i> City & State <i>Sarasota FL</i> Zip <i>34231</i> Country <i>USA</i>	
03252004 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-2314569		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, DEBBIE C/O CAPRI PROPERTY MGMT. INC. 810-B PINEBROOK RD. VENICE, FL 34292		7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1801 Glengary Street</i> City <i>Sarasota</i> FL Zip Code <i>34231</i>	
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 <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable.		Jim Markel 4/12/04 DATE	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	SD TOBIN, EDWARD 150 MARINA ISLES DR #108 ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, GARY 427 FIRETHORN AVENUE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Anderson, Gary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Marina Isles Drive #102 Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAGNON, AL 150 MARINA ISLES DR. UNIT 301 ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYWATER, JOSEPH 916 BROOKWOOD DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bywater, Spike <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Marina Isles Drive #406 Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPRI PROPERTY MANAGEMENT, INC. 810-B PINEBROOK RD. VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Markel, Jim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 Glengary Street Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Sutton, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 Glengary Street Sarasota, FL 34231
12. I hereby certify that the information supplied with this filing does not qualify 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 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 employed.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/12/04 Date	
		941-921-5393 Daytime Phone #	