


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90035 011 \*\*\*\*61.25

DOCUMENT # 759183			
1. Entity Name MARKER "5" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 18201 GULF BLVD REDINGTON SHORES, FL 33708 US		Mailing Address 7300 PARK STREET SEMINOLE, FL 33777 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Richard C. Commons, P.A.</i>	
Suite, Apt #, etc.		Suite, Apt. #, etc. <i>300 S. Duncan Ave., #208</i>	
City & State		City & State <i>Clearwater, FL</i>	
Zip		Zip <i>33755</i>	
Country		Country	
4. FEI Number 59-2105474		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>RESOURCE PROPERTY MANAGEMENT</del> 7300 PARK ST. SEMINOLE, FL 33777 <b>COLONY PARK MGT.</b> <b>P.O. BOX 1074</b> <b>INDIAN ROCKS BEACH, FL 33786</b>		7. Name and Address of New Registered Agent Name <i>Elvin Melendez</i> Street Address (P.O. Box Number is Not Acceptable) <i>19201 Gulf Blvd., #403</i> City <i>Redington Shores</i> FL Zip Code <i>33708</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>Scott Warner</i>		DATE <i>7-30-07</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		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 MEANA, CANDI TD 18201 GULF BLVD., #405 REDINGTON SHORES, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donald Ross 19201 Gulf Blvd., #401 Redington Shores, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANNENBAUM, JACK PD 18201 GULF BOULEVARD SUITE 206 REDINGTON SHORES, FL 33708 <input checked="" 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	TD MELENDEZ, AL TD 18201 GULF BLVD. # 403 REDINGTON SHORES, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elvin Melendez 19201 Gulf Blvd., #403 Redington Shores, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, PATRICK VPD 18201 GULF BOULEVARD #302 REDINGTON SHORES, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Patrick Williams 19201 Gulf Blvd., #302 Redington Shores, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIDDINGER, JIM D 18201 GULF BLVD #202 REDINGTON SHORES, FL 33708 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 which is other than the one shown.			
SIGNATURE: <i>Elvin Melendez</i>		Date <i>7/27</i> Daytime Phone # <i>460-3551</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			