

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761270

FILED
Mar 31, 2009
Secretary of State

Entity Name: MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Current Mailing Address:

C/O BENSON'S, INC.
12650 WHITEHALL DRIVE
FORT MYERS, FL 339073619 US

New Principal Place of Business:

C/O 1ST CHOICE COMM ASSN MGMT INC
11637 KELLY ROAD #301
FORT MYERS, FL 33908 US

New Mailing Address:

C/O 1ST CHOICE COMM ASSN MGMT INC
11637 KELLY ROAD #301
FORT MYERS, FL 33908 US

FEI Number: 59-2393150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DRIVE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

1ST CHOICE COMM ASSN MGMT INC
11637 KELLY ROAD
#301
FORT MYERS, FL 33908 US

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: DONNA STANGER

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORN, JANICE
Address: 1055 PALM AVE #214
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: DOHERTY, JOHN C
Address: 1051 PALM AVE # 113
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD () Delete
Name: FITZGERALD, KATHLEEN
Address: 1055 PALM AVE #215
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HOWELL, RICHARD
Address: 1055 PALM AVE #223
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VTD (X) Change () Addition
Name: FITZGERALD, KATHLEEN
Address: 1055 PALM AVE #215
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANICE HORN

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date