2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # 769665** 1. Entity Name 04-20-2004 90012 026 ****61.25 MARINA GARDENS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7731 BOCILLA LANE 7731 BOCILLA LANE P. O. BOX 477 BOKEELIA FL 33922-4770 P. O. BOX 477 BOKEELIA FL 33922-4770 54036925 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2746151 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 7731 BÓCILLA LANE #7 **BOKEELIA FL 33922** Zip Code 8. The above named entity changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept mits this statement the obligations of re SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be П Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIT) F ☐ Delete 7)T) F Change Addition WAGNER, ROBERT NAME 2400 PANDORA LN STREET ADDRESS STREET ADDRESS CHULUOTA FL 32766 CITY-ST-ZIP CITY-ST-ZIP PTD Delete TITLE ☐ Change ☐ Addition BAILEY, STEVEN NAME NAME 7731 BOCILLA LN #7 STREET ADDRESS STREET ADDRESS **BOKEELIA FL 33922** CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition FRUEHAUF, BENJAMIN NAME NĂME 7731 BOCILLA LN. #16 STREET ADDRESS STREET ADDRESS BOKEELIA FL 33922 CITY-ST-ZIP City-ST-7/P Delete TITLE Change ☐ Addition GROVES, HANK BOB HEDWUD NAME NAME 7731 BOCILLA LANE 3026 FOX COURT STREET ADDRESS STREET ADDRESS BOKEELLA, FL. 33922 **CRYSTAL LAKE IL 60012** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition CARLSON, PATRICIA WEUDY WILKINSON NAME NAME 5349 DOMINICK DRIVE 11465 COLE ROAD STREET ADDRESS STREET ADDRESS HOPKINS MN 55343 NORTH EAST, PA. 16428 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP polied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tay report is true and a certain and that my signature shall have the same legal effect as if made under oath; that I am an officer or director stee empowered to execute this people as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information,

FILED

4-16-04 239-283-3710 **SIGNATURE** NG OFFICER OR DIRECTOR

indicated on this report or suppleff of the corporation or the receiver of

changed, or on an atta