


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90011 043 \*\*\*\*61.25

<b>DOCUMENT # 770924</b>		
1. Entity Name MARINA CONDOMINIUM AT BAY HILL, INC.		

Principal Place of Business P O BOX 568846 ORLANDO, FL 32856-5846	Mailing Address P O BOX 568846 ORLANDO, FL 32856-5846
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**24084208**

DO NOT WRITE IN THIS SPACE



03222003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2587161	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
WOLTER, PAMELA R 87 W MICHIGAN ST ORLANDO, FL 32806	

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> SLATTERN, DONALD 6310 MASTERS BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>PTD</del> SORG, WALTER 6314 MASTERS BLVD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>D</del> FOS, HOWARD 6354 MASTERS RD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>B</del> <del>VPD</del> SANDERS, ROY 9000 BAY HILL BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> <del>SD</del> MECHEM, CHARLES <i>Ginger Sorg</i> <del>6358</del> 6314 Masters Blvd. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Walter Sorg **WALTER SORG** *407-* **9-01-04** *876-5108*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
24084208  
# 770924

<sup>D</sup>  
Charles Mechem  
6358 Masters Blvd.  
Orlando, FL 32819

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