


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90036 042 \*\*\*150.00

<b>DOCUMENT # 811770</b>	
1. Entity Name <b>MARLIN BAY APARTMENTS, INC., THE</b>	

Principal Place of Business <b>2825 NE 33 AVENUE FT. LAUDERDALE FL 33308</b>	Mailing Address <b>1100 E OAKLAND PARK BLVD #104 OAKLAND PARK FL 33334</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number <b>59-0844639</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**PEARCE, DAVID L.**  
**1100 E OAKLAND PARK BLVD**  
**#104**  
**OAKLAND PARK FL 33334**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when substituting) DATE: \_\_\_\_\_

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, FRANCIS A	
STREET ADDRESS	23 NORFOLK RD	
CITY-ST-ZIP	HOLBROOK MA 02343	
TITLE	P	<input type="checkbox"/> Delete
NAME	HESSION, RICHARD	
STREET ADDRESS	19 CANTERBURY WAY	
CITY-ST-ZIP	MARLBOROUGH MA 01752	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NALLY, GERALD	
STREET ADDRESS	100 COMMON ST 1	
CITY-ST-ZIP	BELMONT MA 02478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE TOMAJANIAN	
STREET ADDRESS	42 HARVARD ROAD	
CITY-ST-ZIP	BELMONT MASS 02478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:yr: #