2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000002829 PENTHOUSE RESIDENCES AT MARINA POINTE, A CONDOMINIUM, INC



FILED Jan 10, 2005 8:00 am **Secretary of State**

01-10-2005 90044 047 ****61.25

						AST	THE					
4 MARINE ISLE BLVD 4 MAI				ng Address Iarine isle blyd Ian Harbour Beach, FL 32937								
2. Principal Place of Business 3. Ma				Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01042005	Chg-NP	CR2E0	37 (10/03)	
City & State			City & State					4. FEI Number 59-3631				plied For Applicable
Zip	Country		Zìp	Zip C		intry	5. Certificate of		Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current F	logistore	d Agent				7. Name and	Address of New R	legistered	Agent	
ANDERSON, J. PATRICK ESQ.						Name						
930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32901						Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code						
	ions of regis	y submits this statement for ered agent.						red agent, or both	, in the State of Fic	orida. I am	lamiliar with,	and accept
Filling Fee is \$61.25 9. Election Campaign Fi								\$5.00 May Be	, ,		k payable t	
Due by May 1, 2005 Trust Fund Contributi						ion.		Added to Fees	FIOI	пов Бера	rtment of Si	
10.	r <u> </u>	OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	RS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	158 N. H	CHARD P JR. ARBOR CITY BLVD. RNE, FL 32935		🔼 Delete							☐ Change	☐ Addžiion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ALAN ARBOR CITY BLVD. RNE, FL 32934		Delete			. ,				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 MARIN	HOWARD N E ISLE BLVD., UNIT 202 IARBOUR BEACH, FL 3		Detete	1		-		-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 MARIN	CHOS, NICHOLAS E ISLE BLVD., UNIT 201 IARBOUR BEACH, FL 3		□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		4					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					:		☐ Change	☐ Addition

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.

CICMATI IDE.

711-779-7481