


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

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91000 043 \*\*\*\*61.25

**DOCUMENT # N01375**

1. Entity Name  
**MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business      Mailing Address  
**80 MIRACLE STRIP PARKWAY  
FT WALTON BEACH FL 32548**      **80 MIRACLE STRIP PARKWAY  
FT WALTON BEACH FL 32548**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
**59-2390568**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALLEN, LARRY  
80 MIRACLE STRIP PARKWAY  
FT WALTON BEACH FL 32548**

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

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, LARRY	
STREET ADDRESS	607 BURGUNDY LANE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIFFITH, FRANK	
STREET ADDRESS	20573 HIGHWAY 12S	
CITY-ST-ZIP	FOLEY AL 36535	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAPP, MIKE	
STREET ADDRESS	765 SPRING LAKE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, BILL	
STREET ADDRESS	204 COUNTRY CLUB AVENUE	
CITY-ST-ZIP	BAY MINETTE AL 36507	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUMMEL, BERNARD	
STREET ADDRESS	5518 ESSEX RD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	KIRWIN, JO ANN	
STREET ADDRESS	258 PARKWOOD CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 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: *Larry Allen*      5/19/04      850-244-5132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #