


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90025 031 \*\*\*\*61.25

<b>DOCUMENT # N01375</b>	
1. Entity Name <b>MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>80 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>	Mailing Address <b>80 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2390568</b>	Applied For <input type="checkbox"/> Not Applicable
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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		7. Name and Address of New Registered Agent	
<b>ALLEN, LARRY 80 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
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 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALLEN, LARRY</b> <b>607 BURGUNDY LANE</b> <b>FT. WALTON BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>Mark ketchum</b> <b>50 Country Club Road</b> <b>Shalimar, FL 32579</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRIFFITH, FRANK</b> <b>20573 HIGHWAY 12S</b> <b>FOLEY, AL 36535</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SAPP, MIKE</b> <b>765 SPRING LAKE DRIVE</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, BILL</b> <b>204 COUNTRY CLUB AVENUE</b> <b>BAY MINETTE, AL 36507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUMMEL, BERNARD</b> <b>5518 ESSEX RD</b> <b>PENSACOLA, FL 32506</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>KIRWIN, JO ANN</b> <b>258 PARKWOOD CIRCLE</b> <b>NICEVILLE, FL 32578</b>	TITLE 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* **2/17/2005** **(850) 244-5132**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #