


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90025 027 ****61.25

DOCUMENT # N03000010106

1. Entity Name
MARLIN COVE AT RIVERWOOD NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**5801 PELICAN BAY BOULEVARD, SUITE 600
 NAPLES, FL 34108**

Mailing Address
**5801 PELICAN BAY BOULEVARD, SUITE 600
 NAPLES, FL 34108**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
06-1714559

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CENTEX REAL ESTATE CORPORATION
 5801 PELICAN BAY BOULEVARD, SUITE 600
 NAPLES, FL 34108**

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

7. Name and Address of New Registered Agent

Name **Russell Sprung**

Street Address (P.O. Box Number is Not Acceptable)
4151 Heron's Pointe Drive

City **Port Charlotte** FL Zip Code **33953**

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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP | D HALLORAN, DAN <input checked="" type="checkbox"/> Delete 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARHAM, JON <input checked="" type="checkbox"/> Delete 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LACEY, JEFF <input checked="" type="checkbox"/> Delete 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sprung, Russell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4151 Heron's Pointe Port Charlotte, FL 33953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Wright, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13522 Eagle Pointe Dr. Port Charlotte, FL 33953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gordon, Suzanne L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13570 Eagle Pointe Dr. Port Charlotte, FL 33953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Suzanne L Gordon **3/14/05** **941-625-4363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #