


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 048 ****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

40081127



2. Principal Place of Business
3285 A Placida Rd.
 Suite, Apt. #, etc.

3. Mailing Address
3285 A Placida Rd.
 Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State
Englewood FL

City & State
Englewood FL

Zip
34224

Country
USA

Zip
34224

Country
USA

4. FEI Number
06-1714559

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPRUNG, RUSSELL
4151 AERON'S POINTE DRIVE
PORT CHARLOTTE, FL 33953

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: SE Gordon **3/11/2006**

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

Filing Fee is \$61.25 Due by May 1, 2006

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	D	<input type="checkbox"/> Delete
NAME	SPRUNG, RUSSELL	
STREET ADDRESS	4151 AERON'S POINTE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKA, BARBARA	
STREET ADDRESS	13528 EAGLE POINTE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, SUZANNE L.	
STREET ADDRESS	13570 EAGLE POINTE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
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 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 exemptions contained in Chapter 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 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: SE Gordon **4/26/06 941-625-4363**

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