2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90245 032 ****61.25

| DOCUMENT # N03000010106 1. Entity Name MARLIN COVE AT RIVERWOOD NEIGHBORHOOD ASSOCIATION, INC. | | | | | | | | 03-01-2008 | 90243 032 | , 0 | 1.23 |
|---|---|--|-----------------------------------|---|--|--------------------------------------|--|--|---|---|---------------------------------|
| Principal Place of Business 3285 A PLACIDA RD ENGLEWOOD, FL 34224 | | | Mailing Ad 3285 A F ENGLEWO | 24 | ··; | 4005 | | III aa kdi kikk dulii i | | 1)((1) 0) 10 () | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | (8) 17 | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 04292008 | Chg-NP | CR2E037 | (12/06) | |
| City & State | | | City & 5 | State | | | 4. FEI Number 06-17145 | 559 | | - | oplied For ot Applicable |
| Zip | | Country | Zip | _ | Country | | 5. Certificate of | Status Desired | □ \$8 Fe | 3.75 Add e Require | ditional d |
| | 6. Name | and Address of Current I | Registered A | gent | Name | | 7. Name and Ad | Idress of New F | Registered Age | ent | |
| SPRUNG, | | | | | | Mye | vs, bell | | U. PA | | |
| 4151 AERON'S POINTE DRIVE PORT CHARLOTTE, FL 33953 | | | | | Street | Address (I | P.O. Box Number i | SNot Acceptable | | | |
| | | | | | City | <u> </u> | Mues | | FL | Zin Cod | le 4.1-1 |
| 8. The above the obligat | tions of regist | y submits this state pent for ered agent. Or printed name of registered agent a | h | | registered affice | | ed agent, or both, | in the State of Fi | orida. I am fam | niliar with, | and accept |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | |
| | Due by N | | | | | | | | | | |
| 10. | | | RECTORS | Trust Fund (| Contribution. | - | Added to Fees ADDITIONS/CHAN | Floor GES TO OFFICE | rida Departm | ent of S | tate |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPRUNG, 4151 AER | 1ay 1, 2008 | RECTORS | | Contribution. | / // 100 · W | Added to Fees ADDITIONS/CHAN | GES TO OFFICE INT Ponte O | rida Departm ERS AND DIREC | ent of S | tate |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D SPRUNG, 4151 AER PORT CH D STOCKA, 13528 EA PORT CH D GORDON 13570 EA | OFFICERS AND DIR RUSSELL ON'S POINTE DRIVE ARLOTTE, FL 33953 BARBARA GLE POINTE DR | RECTORS | Trust Fund (| 11. ITTLE NAME SIREET ADDRESS CITY-ST-ZIP HILE NAME SIREET ADDRESS | Mary 135- Port Press Bav | Added to Fees ADDITIONS/CHAN THE CHEST TO Eugli Charlott The Charlo | GES TO OFFICE MY Point Office Point Offic | rida Departm | ent of Si CTORS IN Change | tate √ 10 SAddition |
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reflect of this report or 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 supplied entail 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-939-5175 Daytirne Phone #