2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010106

FILED Mar 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3285 A PLACIDA RD ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

3285 A PLACIDA RD PO BOX 380758 ENGLEWOOD, FL 34224 PO BOX 380758 MURDOCK, FL 33938

FEI Number: 06-1714559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MYERS, BETHOLTE & CO., PA

12671 WHITEHALL DR

WEST PALM BEACH, FL 33407 US

THE GATEWAY GROUP

1532 RIO DE JANEIRO AVE

PUNTA GORDA, FL 33983 US

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.

SIGNATURE: KRISTINE WISHARD 03/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition STOCKA, BARBARA STOCKS, BARBARA Name: Name: 13528 EAGLE POINTE DR Address: PO BOX 380758 Address: City-St-Zip: PORT CHARLOTTE, FL 33953 City-St-Zip: MURDOCK, FL 33938 Title: () Delete Title: (X) Change () Addition

 Name:
 GORDON, SUZANNE L.
 Name:
 GORDON, SUZANNE L.

 Address:
 13570 EAGLE POINTE DRIVE
 Address:
 PO BOX 380758

 City-St-Zip:
 PORT CHARLOTTE, FL 33953
 City-St-Zip:
 MURDOCK, FL 33938

Title: VP () Delete Title: VPD (X) Change () Addition

 Name:
 STUMPE, MARY JANE
 Name:
 STUMPF, MARY GENE

 Address:
 13549 EAGLE POINTE DR
 Address:
 PO BOX 380758

 City-St-Zip:
 PORT CHARLOTTE, FL 33953
 City-St-Zip:
 MURDOCK, FL 33938

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 MULGREW, JACK

 Address:
 Address:
 PO BOX 380758

 City-St-Zip:
 City-St-Zip:
 MURDOCK, FL 33938

 $\label{eq:Title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad \qquad (\) \ {\sf Change} \ \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 PATTERSON, MARK

 Address:
 Address:
 PO BOX 380758

 City-St-Zip:
 City-St-Zip:
 MURDOCK, FL 33938

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE GORDON PD 03/16/2009