

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2005
Secretary of State**

DOCUMENT# N04000003723

Entity Name: MARINA VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O HAROLD S. BOFSHEVER
4875 N. FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

C/O HAROLD S. BOFSHEVER
4875 N. FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 86-1142822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOFSHEVER, HAROLD S
STEIN, ROSENBERG & STEIN, P.A.
4875 N. FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIOTT, DAVID
Address: 2705 WORTHAM LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: VSTD () Delete
Name: HIOTT, DIANA
Address: 2705 WORTHAM LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: CLOUGH, MERIDETH M
Address: 565 MAPLE LANE
City-St-Zip: MASON, OH 45040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID HIOTT

P

07/08/2005

Electronic Signature of Signing Officer or Director

_____ Date