
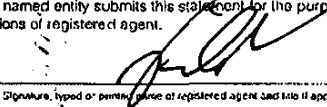
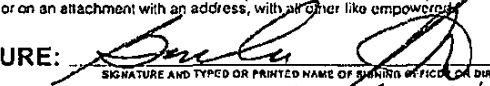


**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90036 002 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

|  |   |                                 |   |   |                                       |
|--|---|---------------------------------|---|---|---------------------------------------|
| DOCUMENT # N04000010647  |   |                                 |   |  |                                       |
| 1. Entity Name<br>MARSH HARBOUR 41 CONDOMINIUM ASSOCIATION, INC.   |   |                                 |   |   |                                       |
| Principal Place of Business<br>2121 PONCE DE LEON BLVD<br>PH<br>CORAL GABLES, FL 33134   |   |                                 | Mailing Address<br>2074 INDIANTOWN RD<br>SUITE #200<br>JUPITER, FL 33458            |   |                                       |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address              |   |   |                                       |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |   |   |                                       |
| City & State   |   | City & State                    |   | 01072008 Chg-NP CR2E037 (12/06)   |                                       |
| Zip  |   | Country                         |   | 4. FEI Number<br>20-4513095   |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |   | Applied For<br>Not Applicable   |                                       |
| 6. Name and Address of Current Registered Agent  |   |                                 |   | 7. Name and Address of New Registered Agent                                       |                                       |
| REGISTERED AGENTS OF FLORIDA, L.L.C.<br>100 SE SECOND ST STE 2900<br>MIAMI, FL 33131-2130  |   |                                 |   | Name<br><b>GARY FIELDS</b>  |                                       |
|  |   |                                 |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>4400 PGA BLVD.</b>       |                                       |
|  |   |                                 |   | <b>SUITE 900</b>  |                                       |
|  |   |                                 |   | City<br><b>PALM BEACH GARDENS FL</b>  |                                       |
|  |   |                                 |   | Zip Code<br><b>3340</b>   |                                       |
| 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:  DATE: <b>4/7/08</b>   |   |                                 |   |   |                                       |
| <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |                                 |   |   |                                       |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees |
| Make check payable to<br>Florida Department of State   |   |                                 |   |   |                                       |
| 10. OFFICERS AND DIRECTORS   |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |   |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TSD<br>ADAMS, BRUCE<br>2121 PONCE DE LEON BLVD, PH<br>CORAL GABLES, FL 33134      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>BEGUISTAIN, BARBARA<br>2121 PONCE DE LEON BLVD, PH<br>CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>CRUZ, MAXIMA JR<br>2121 PONCE DE LEON BLVD, PH<br>CORAL GABLES, FL 33134    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:    |   |                                 | DATE: <b>3/12/08</b> PHONE: <b>786-709-2257</b>                                     |   |                                       |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                                 |   |   |                                       |
| <b>BARBARA BEGUISTAIN, PRESIDENT</b>   |   |                                 |   |   |                                       |

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