
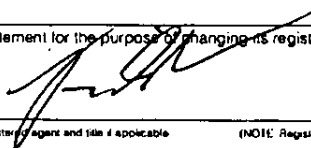
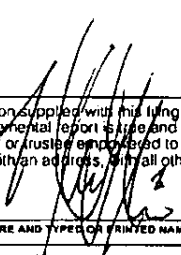
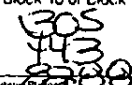


**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

5/:

05-07-2007 90067 023 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N04000012135</b>			
1. Entity Name <b>MARSH HARBOUR MAINTENANCE ASSOCIATION, INC.</b>			
Principal Place of Business 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03302007		Chg-NP CR2E037 (12/06)	
4. Filing Fee 20-4506995		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. SECOND STREET SUITE 2900 MIAMI, FL 33131-2130</b>		7. Name and Address of New Registered Agent Name <b>GARY FIELDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 PGA BLVD, SUITE 900</b> City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33410</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>5/2/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO SHANNON, KARR 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LUCHEY, ANDREW 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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, or all other like empowered.			
SIGNATURE: 		KARR SHANNON 4/18/07 	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



ATTACHMENT

66019669  
#N04000 04/28/2006  
04/28/2006  
04/28/2006



MARSH HARBOUR MAINTENANCE  
ASSOCIATION INC  
% JOHN BARR  
2121 PONCE DE LEON BLVD PH  
CORAL GABLES, FL 33134-0000

**TIN** (Taxpayer Identification Number)

20-4508985

## About Your EFTPS Enrollment

**Dear Taxpayer:**

You were recently pre-enrolled in the Electronic Federal Tax Payment System (EFTPS) to make all your federal tax payments online or by phone.

According to our records...

*You have not activated your enrollment yet. You can activate your enrollment by calling 1-800-555-3453 and supplying EFTPS with your bank account information and phone number. Please have your Employer Identification Number (EIN), EFTPS Personal Identification Number (PIN received previously by a separate mailing), and bank account information handy when you call.*

It's important that you activate your enrollment as soon as possible so you can begin making your payments through EFTPS. Once you begin using EFTPS, you will see how convenient, easy, and fast it is to make a federal tax payment online or by phone. Plus, you will receive an immediate acknowledgement number for every transaction which acts as a receipt for your records.

If you have any questions or need assistance, please call EFTPS Customer Service at 1-800-555-4477.

Thank You.

EFTPS Enrollment Processing