


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

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90065 010 \*\*\*\*61.25

<b>DOCUMENT # N06000010554</b>			
1. Entity Name MARINA SAN PABLO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FL 32257		Mailing Address 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box # MAY Management Services, Inc.		3. Mailing Address 10030 Sawgrass Dr. W #1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ponte Vedra Beach, FL	
Zip	Country	Zip	Country
32082	USA	32082	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAX CO. 50 N LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202		Name: <del>Anna Marie</del> MAY MANAGEMENT SERVICES INC 10030 Sawgrass Dr. W #1 City: Ponte Vedra Beach FL Zip Code: 32082	
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: <i>Cynthia H. Steel VP</i>		DATE: <i>2/19/08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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: DVST	NAME: MORGAN, WILLIAM L	TITLE:	NAME: Sharon Shernod
STREET ADDRESS: 3020 HARTLEY ROAD, SUITE 300	CITY-ST-ZIP: JACKSONVILLE, FL 32257	STREET ADDRESS: 14402 Manra San Pablo Pl. # 901	CITY-ST-ZIP: JACKSONVILLE, FL 32294
TITLE: DP	NAME: ROOD, JOHN D	TITLE:	NAME: Bruce Grewell
STREET ADDRESS: 3020 HARTLEY ROAD, SUITE 300	CITY-ST-ZIP: JACKSONVILLE, FL 32257	STREET ADDRESS: 14402 Manra San Pablo Pl. # 104	CITY-ST-ZIP: JACKSONVILLE, FL 32294
TITLE: V	NAME: MOORE, CLARENCE S	TITLE:	NAME:
STREET ADDRESS: 3020 HARTLEY ROAD, SUITE 300	CITY-ST-ZIP: JACKSONVILLE, FL 32257	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: <i>William L Morgan</i>		DATE: <i>2/19/08</i> 904-260-3030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	