


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N24497</b> 1. Entity Name <b>MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2389 TREASURE ISLE. DR. PALM BCH., GARDEN, FL 33410</b>	Mailing Address <b>2389 TREASURE ISLE. DR. PALM BCH., GARDEN, FL 33410</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

01112005	Chg-NP	CR2E037 (10/03)
4. FEI Number <b>65-0054016</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**ST. JOHN, CORE, FIORE & LEMME, P.A.  
500 AUSTRALIAN AVE. SOUTH  
SUITE 600  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME DENIG, RUSS STREET ADDRESS 2319 TREASURE ISLE DR A-9 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP <input type="checkbox"/> Delete NAME HERMAN, DONALD STREET ADDRESS 2320 TREASURE ISE DR A-68 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD <input type="checkbox"/> Delete NAME GIANANTE, LOUIS STREET ADDRESS 2419 TREASURE ISEL DR A-9 CITY-ST-ZIP PALM BCH. GARDEN, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD <input type="checkbox"/> Delete NAME DIMAIO, DOMINIL STREET ADDRESS 2319 TREASURE ISEL DR A-49 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME ROEMER, BARBARA STREET ADDRESS 2419 TREASURE ISLE DR A-10 CITY-ST-ZIP WEST PALM BEACH, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME HECHT, DONALD STREET ADDRESS 2399 TREASURE ISLE DR A-19 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                         1100000233683                          02/17/05-80051-007 61.25                     </div>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Louis Gianante, Treas 1/14/05 561-624-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #