


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90009 025 ****61.25

DOCUMENT # N24497

1. Entity Name
MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
2389 TREASURE ISLE DR. PALM BCH., GARDEN, FL 33410


Mailing Address
2389 TREASURE ISLE DR. PALM BCH., GARDEN, FL 33410

2. Principal Place of Business | 3. Mailing Address
SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE
#175
WEST PALM BEACH, FL 33409

Suite, Apt. #, etc.

City & State

Zip Country



07142006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0054016 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENIG, RUSS 2319 TREASURE ISLE DR A-9 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP JOSEPH ZIBELLI 2320 TREASURE ISLE DR. A-84 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERMAN, DONALD 2320 TREASURE ISE DR A-68 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Margaret Murray 2320 TREASURE ISLE DR. A-66 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIANANTE, LOUIS 2419 TREASURE ISEL DR A-9 PALM BCH. GARDEN, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS KUPA 2339 TREASURE ISLE DRIVE, A-43 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMAIO, DOMINIC 2319 TREASURE ISEL DR A-49 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE WALSON 2379 TREASURE ISLE A-24 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEMER, BARBARA 2419 TREASURE ISLE DR A-10 WEST PALM BEACH, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bret Brown 2320 Treasure Isle Dr. A-72 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, DONALD 2399 TREASURE ISLE DR A-19 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neal Sorenson 2329 Treasure Isle Dr. A-62 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" 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 information.

SIGNATURE: Domino K. Dimario **7-14-06** **5616269984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #