


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 003 ****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
**SEA CREST SERVICES, INC
 2400 CENTRE PARK W. DR. #175
 WEST PALM BEACH, FL 33409**

20007274



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2007

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 SD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DIMAIIO, DOMINIL		NAME ZIBELLI, JOSEPH	
STREET ADDRESS 2319 TREASURE ISEL DR A-49		STREET ADDRESS 2380 TREASURE ISLE DR. A84	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROEMER, BARBARA		NAME BYAUM, JEFF	
STREET ADDRESS 2419 TREASURE ISLE DR A-10		STREET ADDRESS 2379 TREASURE ISLE DR. A25	
CITY-ST-ZIP WEST PALM BEACH, FL 33410		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME MURRAY, MARGARET	
STREET ADDRESS		STREET ADDRESS 2320 TREASURE ISLE DR. A66	
CITY-ST-ZIP		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME KENNEDY, FRANCIS	
STREET ADDRESS		STREET ADDRESS 2359 TREASURE ISLE DR. A31	
CITY-ST-ZIP		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME POLSON, DAVID	
STREET ADDRESS		STREET ADDRESS 2379 TREASURE ISLE DR. A24	
CITY-ST-ZIP		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME SORENSEN, NEAL	
STREET ADDRESS		STREET ADDRESS 2299 TREASURE ISLE DR. A62	
CITY-ST-ZIP		CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET MURRAY

Date: **2/22/2007**
 Daytime Phone # _____