

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24497

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

SEA CREST SERVICES, INC
2400 CENTRE PARK W. DR. #175
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0054016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HENNEY, FRANCIS
Address: 2359 TREASURE ISLE DR. A31
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD () Delete
Name: ZIBELLI, JOSEPH
Address: 2280 TREASURE ISLE DR. A84
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD () Delete
Name: BYRAM, JEFF
Address: 2379 TREASURE ISLE DR. A25
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: POLSON, DAVID
Address: 2379 TREASURE ISLE DR. A24
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete
Name: MURRAY, MARAGRET
Address: 2320 TREASURE ISLE DR. A66
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZIBELLI, JOSEPH
Address: 2280 TREASURE ISLE DRIVE, #84
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S (X) Change () Addition
Name: BARNETT, STEVEN
Address: 2299 TREASURE ISLE DRIVE, #56
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change () Addition
Name: CARBONE, PETER
Address: 2399 TREASURE ISLE DR. #19
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ZIBELLA

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date