

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001584

FILED
Apr 30, 2009
Secretary of State

Entity Name: MARINA VILLAGE TOWNHOUSE ASSOC., INC.

Current Principal Place of Business:

695 MASHES SANDS RD.
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 995
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-3464321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURA J. ROCCO
621 PINE STREET
ALLIGATOR POINT, FL 32346 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: COPT () Delete
Name: MONOHAN, DOUGLAS
Address: 1150 RIVEN LAUREL DRIVE
City-St-Zip: SUWANEE, GA 30024

Title: COPT () Delete
Name: SHERIDAN, MICHAEL
Address: 3101 SESSIONS RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: FARRELL, BILL
Address: 402 LIVE OAK LANE WEST
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: MITCHEL, DUANE
Address: 3779 GREYFIELD DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D (X) Delete
Name: ROSSI, PETER
Address: 290 NEW LEAF ROAD
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: PETER, ROSSI
Address: 274 NEW LEAF ROAD
City-St-Zip: LAMONT, FL 32336

Title: VPT (X) Change () Addition
Name: TOM, OLK
Address: 3333 W. PENSACOLA ST., STE.30
City-St-Zip: TALLAHASSEE, FL 32304

Title: S (X) Change () Addition
Name: BARBARA, HERRING
Address: 601 N. ST. AUGUSTINE RD.
City-St-Zip: VALDOSTA, GA 31601

Title: T (X) Change () Addition
Name: DOUGLAS, MONOHAN
Address: 1150 RIVEN LAUREL DRIVE
City-St-Zip: SUWANEE, GA 30024

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: DOUGLAS MONOHAN

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04/30/2009

Electronic Signature of Signing Officer or Director

Date