

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745646

FILED  
Jul 02, 2009  
Secretary of State

Entity Name: MARINA LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5112 S.W. 72ND AVENUE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 557820  
MIAMI, FL 33255 US

**New Mailing Address:**

FEI Number: 59-2224414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KLINE, A.T.  
5112 SW 72 AVENUE  
POST OFFICE BOX 557820  
MIAMI, FL 33255 US

**Name and Address of New Registered Agent:**

KLINE, A.T.  
5112 SW 72 AVENUE  
MIAMI, FL 33255 US

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: TED KLINE

07/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLINE, A.T.  
Address: 5112 SW 72 AVE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: BRISTOW, S.A.  
Address: 5010 SW 72 AVE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: GONZALEZ, RIGOBERTO  
Address: 5106 SW 72 AVE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: MANDELL, BARBARA  
Address: 5114 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: ZEILLER, J.  
Address: 5016 SW 72 AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: TED KLINE

D

07/02/2009

Electronic Signature of Signing Officer or Director

Date