

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761270

**Entity Name:** MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC2482598729****Current Principal Place of Business:**C/O VESTA PROPERTY SERVICES  
125 SW 3RD PLACE STE #207  
CAPE CORAL, FL 33991**Current Mailing Address:**C/O VESTA PROPERTY SERVICES  
PO BOX 1848  
FORT MYERS, FL 33902 US**FEI Number: 59-2393150****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VESTA PROPERTY SERVICES  
125 SW 3RD PLACE  
STE #207  
CAPE CORAL, FL 33991 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: BRANDY DAVENPORT****04/06/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MELZER, ALICE  
Address C/O VESTA PROPERTY SERVICES  
PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title SECRETARY  
Name GRAHAM, TERRI  
Address C/O VESTA PROPERTY SERVICES  
PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name MIKOLOWSKI, ANDREA  
Address C/O VESTA PROPERTY SERVICES  
PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name COHEN, DEAN  
Address C/O VESTA PROPERTY SERVICES  
PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title PRESIDENT, TREASURER  
Name LEBRON, JOEY  
Address C/O VESTA PROPERTY SERVICES  
PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

*I hereby 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 all other like empowered.*

**SIGNATURE: JOEY LEBRON****PRESIDENT****04/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date