

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01375

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC4526600545**

**Entity Name:** MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

80 MIRACLE STRIP PARKWAY  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

80 MIRACLE STRIP PARKWAY  
FT WALTON BEACH, FL 32548

**FEI Number:** 59-2390568

**Certificate of Status Desired:** No

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

ALLEN, LARRY  
80 MIRACLE STRIP PARKWAY  
FT WALTON BEACH, FL 32548 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title S  
Name ALLEN, LARRY  
Address 607 BURGUNDY LANE  
City-State-Zip: FT. WALTON BEACH FL 32547

Title P  
Name GRIFFITH, FRANK  
Address 2439 W ASHFORD PARK DR  
City-State-Zip: FOLEY AL 36535

Title D  
Name PROUTY, ALAN  
Address 10151 BOYNTON ROAD  
City-State-Zip: ELBERTA AL 36530

Title TREASURER  
Name CLYATT, CHRIS  
Address 4725 WHITEWATER LANE  
City-State-Zip: CRESTVIEW FL 32539

Title BOD  
Name KETCHUM, MARK  
Address 315 INLAND COVE CT  
City-State-Zip: LAKE WYLIE SC 29710

*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:** LARRY ALLEN

**SECRETARY**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date