2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24497

Entity Name: MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S

ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205 JUPITER, FL 33458 US

FEI Number: 65-0054016 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFREY REMBAUM P.A. 9121 NORTH MILITARY TRAIL SUITE 200 PALM BEACH GARDENS, FL 33410 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: JEFFREY REMBAUM

02/09/2023

FILED Feb 09, 2023

Secretary of State

1053571538CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

PRESIDENT VΡ Title Title

Name JOKELA, ESA Name WELCH, PATRICK

Address C/O HARBOR MANAGEMENT Address C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205 641 UNIVERSITY BLVD, STE 205

City-State-Zip: JUPITER FL 33458 City-State-Zip: JUPITER FL 33458

Title TREASURER Title SECRETARY

BHASIN, DAWN Name MULLER, RICHARD Name

Address C/O HARBOR MANAGEMENT Address C/O HARBOR MANAGEMENT

641 UNIVERSITY BLVD. STE 205 641 UNIVERSITY BLVD. STE 205

JUPITER FL 33458 JUPITER FL 33458 City-State-Zip: City-State-Zip:

DIRECTOR DIRECTOR Title Title

Name DENIG, CYNTHIA Name PATTERSON, PATRICK

Address C/O HARBOR MANAGEMENT Address C/O HARBOR MANAGEMENT

641 UNIVERSITY BLVD. STE 205 641 UNIVERSITY BLVD. STE 205

City-State-Zip: JUPITER FL 33458 City-State-Zip: JUPITER FL 33458

Title DIRECTOR Title DIRECTOR

POLSON, DAVE Name SORENSEN, NEAL Name

Address C/O HARBOR MANAGEMENT Address C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205

641 UNIVERSITY BLVD. STE 205

JUPITER FL 33458 JUPITER FL 33458 City-State-Zip: City-State-Zip:

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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: ESA JOKELA **PRESIDENT** 02/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIRECTOR Title

STAWINSKI, PAUL Name

Address

C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205

City-State-Zip: JUPITER FL 33458