

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 023 ****61.25

DOCUMENT # 712682 1. Entity Name MARINA HARBOUR SOUTH ASSOCIATION. INC.					
Principal Place of Business 100 LEHANE TERRACE NORTH PALM BEACH, FL 33408			Mailing Address 100 LEHANE TERRACE NORTH PALM BEACH, FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1159499	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIECIEWICZ, ALAN 2015 SE ISABELL RD PORT SAINT LUCIE, FL 34952			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	PD Robert Gural	☐ Change ☒ Addition
NAME	MATES, KEN		NAME	100 Lehane Terrace #6	
STREET ADDRESS	1000 LEHANE TERR # 23		STREET ADDRESS	N. Palm Beach, FL 33408	
CITY-ST-ZIP	NORTH PALM BEACH, FL		CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE	TD	☒ Delete	TITLE	VPD Sarah Lindsay	☐ Change ☒ Addition
NAME	JENSEN, TGERRY		NAME	100 Lehane Terrace #8	
STREET ADDRESS	100 LEHANE TERR # 25		STREET ADDRESS	N. Palm Beach, FL 33408	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE	S	☒ Delete	TITLE	SD Susan Merklin	☐ Change ☒ Addition
NAME	VALMER, FLORENCE		NAME	100 Lehane Terrace #12	
STREET ADDRESS	100 LEHANE TERR # 12		STREET ADDRESS	N. Palm Beach, FL 33408	
CITY-ST-ZIP	N PALM BCH, FL 33408		CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE	BM	☐ Delete	TITLE	TD Dan Eaffaldeno	☒ Change ☐ Addition
NAME	EAFALDENO, DAN		NAME	100 Lehane Terrace #19	
STREET ADDRESS	100 LEHANE TERR # 19		STREET ADDRESS	N. Palm Beach, FL 33408	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE	T	☒ Delete	TITLE	D John Sabourin	☐ Change ☒ Addition
NAME	NAMIE, BILL		NAME	100 Lehane Terrace #27	
STREET ADDRESS	100 LEHANE TERR # APT 23		STREET ADDRESS	N. Palm Beach, FL 33408	
CITY-ST-ZIP	N PALM BCH, FL 33408		CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-8-05 541-844-0436 Date Daytime Phone #		