
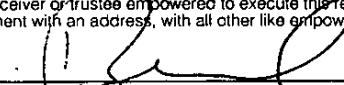


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90101 020 \*\*\*\*61.25

<b>DOCUMENT # 712682</b> 1. Entity Name <b>MARINA HARBOUR SOUTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>100 LEHANE TERRACE NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>100 LEHANE TERRACE NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PIECEWICZ, ALAN</b> <b>2015 SE ISABELL RD</b> <b>PORT SAINT LUCIE, FL 34952</b>				Name <b>Kathleen A. Gassmann</b> Street Address (P.O. Box Number is Not Acceptable) <b>601-A Pinecrest Circle</b> City <b>Jupiter</b> FL <b>33458</b>	
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 <b>Kathleen A. Gassmann, LEAM Kathleen A. Gassmann</b> DATE <b>3/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GURGL, ROBERT</b> <b>100 LEHANE TERRACE, # 6</b> <b>NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Gural, Robert</b> <b>100 LeHane Terrace #6</b> <b>N. Palm Beach, FL 33408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LINDSAY, SARAH</b> <b>100 LEHANE TERRACE, # 8</b> <b>NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MERKLIN, SUSAN</b> <b>100 LEHANE TERRACE, # 12</b> <b>N PALM BCH, FL 33408</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jessen, Preben</b> <b>415 Rye Beach Ave.</b> <b>Rye, NY 10580</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>EAAFDENO, DAN</b> <b>100 LEHANE TERR # 19</b> <b>NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SABOURIN, JOHN</b> <b>100 LEHANE TERRACE, # 27</b> <b>N PALM BCH, FL 33408</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/30/06 561.95.0900</b> <small>Date Daytime Phone #</small>		