

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90346 010 ****61.25

20049041



01262005 Chg-NP CR2E037 (10/03)

DOCUMENT # 715093 1. Entity Name THE MARINA MANOR I CONDOMINIUM ASSOCIATION OF NAPLES, INC.					
Principal Place of Business 1100 8TH AVENUE SOUTH NAPLES, FL 34102			Mailing Address 745 12TH AVENUE SOUTH SUITE AA NAPLES, FL 34102		
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 59-1264003 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE PROPERTY MANAGMENT 745 12TH AVE SO. NAPLES, FL 34102			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARROWS, ANNE <input type="checkbox"/> Delete 1100 8TH AVE S NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDOVICI, GIL <input type="checkbox"/> Delete 1100 8TH AVE S. NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, ROGER <input type="checkbox"/> Delete 4415 EATON DRIVE ROCKFORD, IL 61114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ROGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIVELL, FRANK <input type="checkbox"/> Delete 1100-8TH AVENUE SOUTH NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIVELL, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEVIDENCE, NEIL <input checked="" type="checkbox"/> Delete 1100 8TH AVE. S. NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, JEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2927 FOREST CIR. SEFFNE, FL 33584	
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 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: <i>Frank Wivell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.10.05. 239-262-5051 <small>Date Daytime Phone #</small>		