2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 715093

Entity Name: THE MARINA MANOR I CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

1100 8TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

745 12TH AVENUE SOUTH
SUITE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1264003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGMENT
745 12TH AVE SO.
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARROWS, ANNE
Address: 1100 8TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: GUARINO, JOE
Address: 28 MAPLEWOOD ST.
City-St-Zip: WEST ROXBURY, MA 02132

Title: D ( ) Delete
Name: JOHNSON, ROGER
Address: 4415 EATON DRIVE
City-St-Zip: ROCKFORD, IL 61114

Title: T (X) Delete
Name: WIVELL, FRANK
Address: 1100-8TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: HUNT, JEAN
Address: 2927 FOREST CIRCLE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: TURNER, ANN
Address: 1100 8TH AVE. S B110
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change ( ) Addition
Name: BURGIN, JOSEPH
Address: 2690 LOUISVILLE RD.
City-St-Zip: HARRODSBURG, KY 40330

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HUNT, JEAN
Address: 2927 FOREST CIRCLE
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNE BARROWS P 04/23/2008

Electronic Signature of Signing Officer or Director — Date