

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 021 ****61.25

DOCUMENT # 716532

1. Entity Name
**THE MARINA MANOR II CONDOMINIUM ASSOCIATIO OF
NAPLES, INC.**



Principal Place of Business
**745 12TH AVENUE S.
SUITE AA
NAPLES, FL 34102**

Mailing Address
**745 12TH AVENUE S.
SUITE AA
NAPLES, FL 34102**

40078488



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1275595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE PROPERTY MANGEMENT
745 12TH AVENUE S.
SUITE AA
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

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, 2006**

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

TITLE PD ☐ Delete
NAME MATTHES, RICH
STREET ADDRESS 1100 8TH AVENUE S. #323F
CITY-ST-ZIP NAPLES, FL 34102

TITLE TD ☐ Delete
NAME CORDEAU, BOB
STREET ADDRESS 1100 8TH AVE. S. #323F
CITY-ST-ZIP NAPLES, FL 34102

TITLE S ☐ Delete
NAME BROWN, ANNE
STREET ADDRESS 21795 MASTERS CIR
CITY-ST-ZIP ESTERO, FL 33928

TITLE D ☐ Delete
NAME FOUNTAIN, D
STREET ADDRESS 1100 8TH AVE S #128
CITY-ST-ZIP NAPLES, FL 34102

TITLE VP ☐ Delete
NAME DUBOIS, JOE
STREET ADDRESS 1100 8TH AVENUE #F123
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #