2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# 718918

Entity Name: MARLIN APARTMENTS CONDOMINIUM, INC.

Current Principal Place of Business:

22 TULIP AVENUE APT. 311
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

22 TULIP AVENUE APT. 311
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-1402146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBSTER, JAMISON
22 TULIP AVENUE
311
COCOA BEACH, FL 32931 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: JOHNSON, JAMES
Address: 1811 HACIENDA DR.
City-St-Zip: STEVENSVILLE, MI 49127

Title: D ( ) Delete
Name: HARRIS, JOSEPH L
Address: 185 MARLIN DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: DAVE MCNAMARA,
Address: 3018 CLEMWOOD DR
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete
Name: CHRISTENSEN, CHRIS
Address: 2650 W SENECA TPKE
City-St-Zip: MARCELLUS, NY 13108

Title: D ( ) Delete
Name: ROGERS, PEARL
Address: 1904 TADCASTER RD
City-St-Zip: BALTIMORE, MD 21228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHRISTENSEN, CHRIS
Address: 2650 W SENECA TPKE
City-St-Zip: MARCELLUS, NY 13108

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

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

Title: S (X) Change ( ) Addition
Name: JOHNSON, JOHN
Address: 1811 HACIENDA DR
City-St-Zip: STEVENSVILLE, MI 49127

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS CHRISTENSEN PD 04/20/2004

Electronic Signature of Signing Officer or Director — Date