


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 718918	
1. Entity Name MARLIN APARTMENTS CONDOMINIUM, INC.	

Principal Place of Business 22 TULIP AVENUE APT. 311 COCOA BEACH FL 32931	Mailing Address 22 TULIP AVENUE APT. 311 COCOA BEACH FL 32931
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

1st MOORE	CR2E037 (10/06)
4. FEI Number 59-1402146	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
DELANEY, YVONNE B 22 TULIP AVENUE 311 COCOA BEACH FL 32931	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PD CHRISTENSEN, CHRIS 2650 W SENECA TPKE MARCELLUS NY 13108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D STORM, SHIRLEY 903 LEVITT PKWY ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D DAVE MCNAMARA 3018 CLEMWOOD DR ORLANDO FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S JOHNSON, JOHN 1811 HACIENDA DR STEVENSVILLE MI 49127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D ROGERS, PEARL 1904 TADCASTER RD BALTIMORE MD 21228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000730367 05/08/07-80077-019 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Shirley P. Storm (Presuer)* 4/21/07 321-632-2818