

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 005 ****61.25

DOCUMENT # 733820

1. Entity Name
MARINA VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**SOUTH SEAS PLANTATION RESORT
PLANTATION ROAD
CAPTIVA ISLAND, FL 33924 US**

Mailing Address
**P. O. BOX 194
CAPTIVA ISLAND, FL 33924**

40041244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1654082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RYAN, W.J.
STREET ADDRESS PO BOX 428
CITY-ST-ZIP CAPTIVA, FL 33924

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

TITLE D ☐ Delete
NAME DAVIS, WILLIAM
STREET ADDRESS P. O. BOX 638 N/A
CITY-ST-ZIP OCOEE, FL 34761

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

TITLE D ☐ Delete
NAME CAREY, JACK
STREET ADDRESS 23 SOUTH FIRST STREET
CITY-ST-ZIP BELLEVILLE, IL 62220

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

TITLE VD ☐ Delete
NAME MCDONALD, LEO
STREET ADDRESS 2562 INDIAN RIDGE DRIVE
CITY-ST-ZIP GLENVIEW, IL

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

TITLE ST ☐ Delete
NAME CROTEAU, MS. SUELLEN
STREET ADDRESS 529 N MADISON ROAD
CITY-ST-ZIP GUILFORD, CT 06437

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

TITLE D ☐ Delete
NAME MATHISON, KEN
STREET ADDRESS 58 GREENWAYS LANE
CITY-ST-ZIP LAKEWOOD, NJ 08701

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

239-472-7508

Daytime Phone #