

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 733820

1. Entity Name
MARINA VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED

08 MAY 12 PM 1:22

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957



2. Principal Place of Business - No P.O. Box #
711 TARPON BAY RD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 100
Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State
SANIBEL FL
Zip 33957 Country USA

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SANIBEL, FL
Zip 33957 Country USA

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

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

7. Name and Address of New Registered Agent

Name Steven Mackesly
Street Address (P.O. Box Number is Not Acceptable)
711 TARPON BAY RD
City SANIBEL FL Zip Code 33957

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, 2008

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	<input type="checkbox"/> Delete
NAME	RYAN, W.J	
STREET ADDRESS	PO BOX 428	
CITY-ST-ZIP	CAPTIVA, FL 33924	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM	
STREET ADDRESS	P. O. BOX 638 N/A	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAREY, JACK	
STREET ADDRESS	23 SOUTH FIRST STREET	
CITY-ST-ZIP	BELLEVIEW, IL 62220	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, LEO	
STREET ADDRESS	2562 INDIAN RIDGE DRIVE	
CITY-ST-ZIP	GLENVIEW, IL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CROTEAU, MS. SUELLEN	
STREET ADDRESS	529 N MADISON ROAD	
CITY-ST-ZIP	GUILFORD, CT 06437	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHISON, KEN	
STREET ADDRESS	58 GREENWAYS LANE	
CITY-ST-ZIP	LAKEWOOD, NJ 08701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

Daytime Phone #

2374725020