



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 743173</b> 1. Entity Name <b>MARINA VILLAGE CONDOMINIUM PHASE III, INC.</b>						<b>FILED</b>  <b>08 AUG 15 AM 9:03</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037 US</b>				Mailing Address <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1 Barracuda Lane</b>		3. Mailing Address <b>24 DOCKSIDE LANE</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>PMB 450</b>					
City & State 		City & State 					
Zip 		Country 		Zip 		Country 	
4. FEI Number <b>59-1900462</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MOSS, EVELYN</b> <b>10 BARRACUDA LANE</b> <b>KEY LARGO, FL 33037</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1 Barracuda Lane</b>  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MA-</del> <b>MOSS, EVELYN</b> <del>10 BARRACUDA LANE</del> <del>KEY LARGO, FL 33037</del>			<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>500134597275</b> <b>08/19/08--01020--013 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUVAS, NICHOLAS</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>21 Marina Village, Unit 21B</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REIS, BARBARA</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>23 Marina Village, Unit 23B</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LAMPL, CAROLYN</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STD</b> <b>21 Marina Village, Unit 21A</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>COWAN, OSTELLA</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>24 Marina Village, Unit 24B</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALIA, PHYLLIS</b> <del>10 BARRACUDA LANE</del> <b>KEY LARGO, FL 33037</b>			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>24 Marina Village, Unit 24A</b>		
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.							
<b>SIGNATURE:</b> <u>Barbara Reis Barbara Reis</u>				<b>8-08-08</b>		<b>305-342-9519</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	