

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 007 ****61.25

40101234



07102006 Chg-NP CR2E037 (4/06)

DOCUMENT # 744752 1. Entity Name MARINA CONDOMINIUM APARTMENTS, INC.					
Principal Place of Business C/O JOE GNADINGER 9105 BLOWING TREE RD. LOUISVILLE, KY 40220			Mailing Address C/O JOE GNADINGER 9105 BLOWING TREE RD. LOUISVILLE, KY 40220		
2. Principal Place of Business <i>C/O Joe GNADINGER</i> Suite, Apt. #, etc. <i>14418 Troon Drive</i> City & State <i>Louisville Ky</i> Zip <i>40245</i> Country <i>USA</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip <i>40245</i> Country <i>USA</i>		4. FEI Number 59-2547700 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 SIERRA, PALMA 59740 OVERSEAS HWY. <i>→ change Address</i> MARATHON, FL 33050	
7. Name and Address of New Registered Agent Name <i>Sierra, Palma</i> Street Address (P.O. Box Number is Not Acceptable) <i>59741 Overseas Hwy</i> City <i>MARATHON</i> FL Zip Code <i>33050</i>				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 <i>Joe Gnadinger</i> DATE <i>7-31-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		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	
	P	SPEICHER, DELORES	372 WHITTLESRY DRIVE	TALLMADGE, OH 44278	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	VP	SIERRA, PALMA	59740 OVERSEA HWY	MARATHON, FL 33050	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	S	GNADINGER, MARGARET	9105 BLOWING TREE RD.	LOUISVILLE, KY 40220	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	T	GNADINGER, JOE	9105 BLOWING TREE RD.	LOUISVILLE, KY 40220	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		<i>59741 Overseas Hwy</i>	<i>MARATHON FL. 33050</i>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<i>SECRETARY</i>	<i>Crowley, MARGARET</i>		
		<i>30 BLUEWATER DR.</i>	<i>Key West, FL. 33040</i>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		<i>A.J. GNADINGER</i>	<i>14418 Troon Drive</i>		
		<i>Louisville Ky. 40245 40245</i>			
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 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.					
SIGNATURE: <i>Joe Gnadinger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>7-1-06</i> Daytime Phone # <i>502-245-6215</i>	