

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90097 012 \*\*\*\*61.25

<b>DOCUMENT # 744752</b>			
<b>1. Entity Name</b> MARINA CONDOMINIUM APARTMENTS, INC.		<b>Principal Place of Business</b> C/O JOE GNADINGER 14418 TROON DR LOUISVILLE, KY 40245 <i>C/O Wendy Sipe</i>	
<b>2. Principal Place of Business - No P.O. Box #</b> 11245 6th Ave - Gulf		<b>Mailing Address</b> C/O JOE GNADINGER 9105 BLOWING TREE RD. LOUISVILLE, KY 40220 <b>3. Mailing Address</b> P.O. BOX 522517	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Marathon, FL		<b>City &amp; State</b> Marathon Shores FL	
<b>Zip</b> 33050		<b>Zip</b> 33052	
<b>Country</b> USA		<b>Country</b> USA	
<b>4. FEI Number</b> 59-2547700		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SIERRA, PALMA 59741 OVERSEAS HWY MARATHON, FL 33050		<b>7. Name and Address of New Registered Agent</b> Name: <i>Wendy Sipe</i> Street Address (P.O. Box Number is Not Acceptable) 11245 6th Ave - Gulf City: <i>Marathon</i> FL Zip Code: <i>33050</i>	
<b>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.</b> SIGNATURE: <i>Wendy Sipe</i> , bookkeeper DATE: <i>4/5/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SPEICHER, DELORES 372 WHITTLESRY DRIVE TALLMADGE, OH 44278	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"/> Delete VP SIERRA, PALMA 59741 OVERSEAS HWY MARATHON, FL 33050	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"/> Delete S CROWLEY, MARGARET 30 BLUEWATER DR KEY WEST, FL 33040	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"/> Delete T GNADINGO, A.J. 14418 TROON DR LOUISVILLE, KY 40245	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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: <i>DeLores Speicher</i>		DATE: <i>4/5/07</i> DAYTIME PHONE: <i>305 743-6192</i>	