

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 744752

1. Entity Name
MARINA CONDOMINIUM APARTMENTS, INC.



Principal Place of Business
C/O JOE GNADINGER
14418 TROON DR
LOUISVILLE, KY 40245
C/O Wendy Sipe

Mailing Address
C/O JOE GNADINGER
9105 BLOWING TREE RD.
LOUISVILLE, KY 40220

2. Principal Place of Business - No P.O. Box #
11245 6th Ave - Gulf

3. Mailing Address
P.O. BOX 522517

Suite, Apt. #, etc. Suite, Apt. #, etc.



04042007 Chg-NP CR2E037 (12/06)

City & State
Marathon, FL

City & State
Marathon Shores FL

Zip
33050

Country
USA

Zip
33052

Country
USA

4. FEI Number
59-2547700

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIERRA, PALMA
59741 OVERSEAS HWY
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name **Wendy Sipe**

Street Address (P.O. Box Number is Not Acceptable)
11245 6th Ave - Gulf

City **Marathon** FL Zip Code **33050**

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: *Wendy Sipe*, bookkeeper DATE: **4/5/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	NAME	TITLE	NAME
	SPEICHER, DELORES		
	372 WHITTLESRY DRIVE		
	TALLMADGE, OH 44278		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP		
	SIERRA, PALMA		
	59741 OVERSEAS HWY		
	MARATHON, FL 33050		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	S		
	CROWLEY, MARGARET		
	30 BLUEWATER DR		
	KEY WEST, FL 33040		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T		
	GNADINGO, A.J.		
	14418 TROON DR		
	LOUISVILLE, KY 40245		
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: *DeLores Speicher* DATE: **4/5/07** DAYTIME PHONE #: **305-743-6192**

Signature and typed or printed name of signing officer or director