2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 744752

1. Entity Name
MARINA CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
C/O WENDY SIPE 11245 6TH AVE-GULF MARATHON, FL 33050	P.O. BOX 522517 MARATHON SHORES, FL 33052

DO NOT WRITE IN THIS SPACE

03142008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2547700	Not Applicable

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

6. Name and Address of Current Registered Agent

SIPE, WENDY
11245 6TH AVE-GULF
MARATHON, FL 33050

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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 ___*UMapi*___   3/18/08

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	U00000876612 04/11/08-80077-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPEICHER, DELORES
STREET ADDRESS	372 WHITTLESRY DRIVE
CITY-ST-ZIP	TALLMADGE, OH 44278
TITLE	VP
NAME	SIERRA, PALMA
STREET ADDRESS	59741 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	S
NAME	CROWLEY, MARGARET
STREET ADDRESS	30 BLUEWATER DR
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ___*Alois K Speicher*___   3-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #