

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745196

FILED  
Jan 16, 2005  
Secretary of State

**Entity Name:** MARINA TOWN CONDOMINIUM APARTMENTS ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

3454 HANCOCK BRIDGE  
N FT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1848  
FORT MYERS, FL 33902 US

**New Mailing Address:**

FEI Number: 59-1883068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN TILBURG, LEE J  
SILVERCRESTED MGMT INC  
3440 MARINATOWN LN 203A  
N FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SNYDER, DANIEL  
Address: 3462 HANCOCK BR PKWY #253  
City-St-Zip: N FT MYERS, FL 33903

Title: PD ( ) Delete  
Name: RAINES, ELSIE  
Address: 3454 HANCOCK BRIDGE PKWY  
City-St-Zip: N FT MYERS, FL 33903

Title: STD ( ) Delete  
Name: STOCK, LISA  
Address: 3453 HANCOCK BR PKWY B-13  
City-St-Zip: N FT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: SNYDER, DANIEL  
Address: 3462 HANCOCK BR PKWY #253  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD (X) Change ( ) Addition  
Name: RAINES, ELSIE  
Address: 3454 HANCOCK BRIDGE PKWY  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD (X) Change ( ) Addition  
Name: VALENTINE, DONALD  
Address: 3454 HANCOCK BR PKWY A-07  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSIE RAINES

PD

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date