

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2007
Secretary of State**

DOCUMENT# 745196

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

Current Principal Place of Business:

New Principal Place of Business:

C/O SILVERCRESTED MGT INC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

New Mailing Address:

C/O SILVERCRESTED MGT INC
P.O. BOX 1848
FORT MYERS, FL 33902 US

FEI Number: 59-1883068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALENTINE, DONALD
Address: 3454 HANCOCK BRIDGE PKWY #A7
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: MCGREGOR, KENNETH
Address: 3454 HANCOCK BRIDGE PKWY #A4
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Delete
Name: BRADLEY, DAVE
Address: 3454 HANCOCK BR PKWY A6
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD (X) Change () Addition
Name: LLOYD, GAY
Address: 3454 HANCOCK BR PKWY B10
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 Chapter 119, 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: DONALD VALENTINE

PD

03/10/2007

Electronic Signature of Signing Officer or Director

Date