

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745196

FILED
Jan 22, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
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:

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

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
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: LEE J. VAN TILBURG

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: STD () Delete
Name: LLOYD, GAY
Address: 3454 HANCOCK BR PKWY B10
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCARPITTA, WILLIAM
Address: 3446 MARINATOWN LANE B-12
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD (X) Change () Addition
Name: LLOYD, GAY
Address: 3454 HANCOCK BRIDGE PKWY B-10
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD (X) Change () Addition
Name: STOCK, TIM
Address: 3454 HANCOCK BR PKWY B-13
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM SCARPITTA

PD

01/22/2008

Electronic Signature of Signing Officer or Director

Date