

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745196

FILED  
Jan 27, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O SILVERCRESTED MANAGEMENT LLC  
3436 MARINATOWN LANE 1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SILVERCRESTED MANAGEMENT LLC  
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:**

SILVERCRESTED MANAGEMENT LLC  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH 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: PD  
Name: SCARPITTA, WILLIAM  
Address: 3454 HANCOCK BRIDGE PKWY B-12  
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SCARPITTA

PD

01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date