

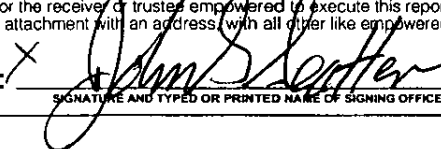


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 029 ****61.25

DOCUMENT # 749287 1. Entity Name MARINA NORTH SHORE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12650 WHITEHALL DR FORT MYERS, FL 33907				Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2053955	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YANCO, FRANK 3235 SUGARLOAF KEY RD #11C PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHALEN, BILL 3245 SUGARLOAF KEY RD PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEAVER, HARRY 3245 SUGARLOAF KEY 23A PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEATTER, JOHN 3255 SUGARLOAF KEY RD #32B PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MULINOS, STEPHEN 3255 SUGAR LOAF KEY RD #31B PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRENK, VICTOR 3255 SUGARLOAF KEY 33B PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELLERS, JUDITH 3255 SUGARLOAF KEY RD # 32A PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-12-08 Daytime Phone #					