

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750550

FILED
Apr 20, 2009
Secretary of State

Entity Name: ESCONDIDO MARINA APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

1400 BLUE POINT AVE.,
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1400 BLUE POINT AVE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-2073098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDERSCHIED, JON
1400 BLUE POINT AVE
206
NAPLES, FL 34102 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: DT () Delete
Name: BROWN, KENNETH
Address: 1400 BLUEPOINT AVENUE #205
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WHITE, BEVERLY M.
Address: 1400 BLUEPOINT AVE 204
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: FIDLER, MEL
Address: 1400 BLUEPOINT AVE
City-St-Zip: NAPLES, FL 34102

Title: DP () Delete
Name: MANDERSCHIED, JOHN
Address: 1400 BLUEPOINT AVE #206
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DANGELO, ANNETTE
Address: 1400 BLUEPOINT AVE #207
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KENNETH W. BROWN

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date