2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751773

1. Entity Name
MARWICK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16850 GULF BLVD.	9221 SUNFLOWER DRIVE
NORTH REDINGTON BEACH, FL 33708	TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

08312007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2247179	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERRONE, SAMUEL J
9221 SUNFLOWER DRIVE
TAMPA, FL 33647

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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.

SIGNATURE _Samuel J Perrone_   8/10/07

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GUTIERREZ, ELIA
STREET ADDRESS	2101 CAMP INDIANHEAD RD.
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	PTD
NAME	PERRONE, SAMUEL J
STREET ADDRESS	9221 SUNFLOWER DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VD
NAME	SCHWANDT, ELLEN
STREET ADDRESS	2841 LA CONCHA
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/07/07-80003-006 61.25

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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: _Samuel J Perrone_   8/10/07   (813) 973-7105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #