

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752934

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** MARINA COVE VILLAGE TOWNHOME ASSOCIATION, INC.

**Current Principal Place of Business:**

19 MARINA COVE DRIVE  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5087  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 58-1480049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWNER, DEBBIE J  
29-C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

GERCAK, KAREN L  
29-C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548 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: KAREN L. GERCAK

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOOYSE, HOLLY  
Address: 19 MARINA COVE DR  
City-St-Zip: NICEVILLE, FL 32578

Title: VPD ( ) Delete  
Name: KEITH, PAUL  
Address: 1926 BENTON AVE  
City-St-Zip: NICEVILLE, FL 32578

Title: STD ( ) Delete  
Name: HADLEY, SHERRY  
Address: 5 MARINA COVE DR  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: O'NEIL, WILLIAM  
Address: 78 MARINA COVE DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change ( ) Addition  
Name: HADLEY, SHERRY  
Address: PO BOX 1736  
City-St-Zip: FAIRHOPE, AL 36533

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: KAREN L. GERCAK

RA

03/19/2009

Electronic Signature of Signing Officer or Director

Date