

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 11, 2009**  
**Secretary of State**

DOCUMENT# 752934

**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:**P O BOX 2613  
NICEVILLE, FL 32549 US**FEI Number:** 58-1480049**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GERCAK, KAREN L  
29-C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548 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 ( ) Delete  
**Name:** BOOYSE, HOLLY  
**Address:** 19 MARINA COVE DR  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** VPD ( ) Delete  
**Name:** O'NEIL, WILLIAM  
**Address:** 78 MARINA COVE DRIVE  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** STD ( ) Delete  
**Name:** HADLEY, SHERRY  
**Address:** PO BOX 1736  
**City-St-Zip:** FAIRHOPE, AL 36533**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change ( ) Addition  
**Name:** BOOYSE, HOLLY  
**Address:** 19 MARINA COVE DR  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** PD (X) Change ( ) Addition  
**Name:** O'NEIL, WILLIAM  
**Address:** 78 MARINA COVE DRIVE  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** STD (X) Change ( ) Addition  
**Name:** CLARKE, WARREN  
**Address:** 46 MARINA COVE DR.  
**City-St-Zip:** NICEVILLE, FL 32578

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

MGR

06/11/2009

Electronic Signature of Signing Officer or Director

Date