2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# 753062

Entity Name: MARINA POINT ASSOCIATION, INC.

Current Principal Place of Business:

600 MARINA POINT DRIVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

600 MARINA POINT DRIVE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-2213363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMANN, KARLA L
600 MARINA POINT DRIVE
DAYTONA BEACH, FL 32114 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: D/P ( ) Delete
Name: HENRICHON, KATHY
Address: 600 MARINA POINT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D/S ( ) Delete
Name: GARDINER, KEN
Address: 600 MARINA POINT DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T/D ( ) Delete
Name: GLICKSTEIN, GERALD
Address: 600 MARINA POINT DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D/VP ( ) Delete
Name: MULLIN, MARK
Address: 600 MARINA POINT DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: ROBINSON, ROBERT
Address: 600 MARINA POINT DR
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HENRICHON, KATHLEEN
Address: 600 MARINA POINT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

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: P/D (X) Change ( ) Addition
Name: ROBINSON, ROBERT
Address: 600 MARINA POINT DR
City-St-Zip: DAYTONA BEACH, FL 32114

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: ROBERT ROBINSON P/D 04/28/2007

Electronic Signature of Signing Officer or Director — Date