

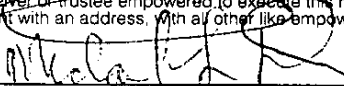


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90039 001 \*\*\*\*61.25

<b>DOCUMENT # 757722</b> 1. Entity Name <b>MARINA 46 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2799 DEL PRADO BLVD. CAPE CORAL, FL 33903</b>			Mailing Address <b>C/O GPM PO BOX 151845 CAPE CORAL, FL</b>		
2. Principal Place of Business - No P.O. Box # <b>1319 MIRAMAR ST.</b>		3. Mailing Address <b>1319 MIRAMAR ST</b>		  01072008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc. <b># 100</b>		Suite, Apt. #, etc. <b># 100</b>			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL FL</b>			
Zip <b>33904</b>		Zip <b>33904</b>			
Country <b>U.S.A</b>		Country <b>U.S.A</b>		4. FEI Number <b>59-2646136</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ZUNINO, PAOLA 2799 DEL PRADO CAPE CORAL, FL 33903</b>			7. Name and Address of New Registered Agent Name <b>GPM INC - PAOLA ZUNINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1319 MIRAMAR ST #100</b>  <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>		
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 				DATE <b>3/10/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WINTER, CHRIS</b> <b>7814 W. BRIARWOOD DR.</b> <b>FRANKLIN, WI 53132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MITCHINSON, DEAN</b> <b>2686 SUNSET LAKE DR.</b> <b>CAPE CORAL, FL 33909</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAY, MICHAEL</b> <b>1049 SE 46TH LN #201</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <b>THOMAS MURPHY</b> <b>1049 SE 46TH LN #101</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				DATE <b>3/10/08</b> (239) 542-7712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					