


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 009 ****61.25

DOCUMENT # 758364	
1. Entity Name MARKER 33 ASSOCIATION, INC.	

Principal Place of Business 520 S. PENINSULA NEW SMYRNA BCH, FL 32169 US	Mailing Address 520 S. PENINSULA NEW SMYRNA BCH, FL 32169 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03152007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SCHERER, JOYCE AT THE BEACH MANAGEMENT, INC. 4175 S. ATLANTIC AVENUE, SUITE 115 NEW SMYRNA BEACH, FL 32169	
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4. FEI Number 59-2852312	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Joyce Scherer* DATE 3-16-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SD LYONS, JERRY 1937 PINE CT. TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P CAMP, GORDON 311 S. INDIAN RIVER RD. NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD SMITH, JACK 872 TORCHWOOD DR. DELAND, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TD LENNON, ROBIN PO BOX 1113 DE LEON SPRINGS, FL 32130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D CLAR, BILL 520 S PENINSULA AVE NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D VANDINGENEN, DON 2145 VENETIAN WAY WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director David Van Dingenen 520 S. Peninsula Ave., #1D1 New Smyrna Beach, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director Bonnie Camp 520 S. Peninsula Ave., #2D1 New Smyrna Beach, FL 32169	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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: *Don Vandingenen* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR