

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758364

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: MARKER 33 ASSOCIATION, INC.

**Current Principal Place of Business:**

520 S. PENINSULA  
NEW SMYRNA BCH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 S. PENINSULA  
NEW SMYRNA BCH, FL 32169 US

**New Mailing Address:**

FEI Number: 59-2852312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 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: T ( ) Delete  
Name: LENNON, ROBIN  
Address: PO BOX 1113  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: V ( ) Delete  
Name: VAN DINGENEN, DAVID  
Address: 520 S. PENINSULA AVE., #D1  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P ( ) Delete  
Name: CAMP, BONNIE  
Address: 520 S. PENINSULA AVE., #2D1  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

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

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

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: JOYCE SCHERER

MANA

02/26/2009

Electronic Signature of Signing Officer or Director

Date