

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761270

FILED
Mar 23, 2005
Secretary of State

Entity Name: MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S, INC.
12650 WHITEHALL DRIVE
FORT MYERS, FL 339073619 US

New Mailing Address:

FEI Number: 59-2393150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R
C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: VD () Delete
Name: RIPETOE, KATHLEEN
Address: 1051 PALM AVE #121
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: HORN, JANICE
Address: 1055 PALM AVE #214
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: COKEL, CINDY
Address: 1051 PALM AVE #127
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: SWANSON, ERNIE
Address: 1051 PALM AVE #116
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD () Delete
Name: FITZGERALD, KATHLEEN
Address: 1055 PALM AVE #215
City-St-Zip: NORTH FORT MYERS, FL 33903

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:

Title: D (X) Change () Addition
Name: SWANSON, ERNEST
Address: 1051 PALM AVE #116
City-St-Zip: NORTH FORT MYERS, FL 33903

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN FITZGERALD

PRES

03/23/2005

Electronic Signature of Signing Officer or Director

Date