2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90151 033 ****61.25

DOCUMENT # 761270

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

40066292

02272007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
C/O BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907 US	C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FORT MYERS, FL 33907-3619 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2393150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENSON, MARK R C/O BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907	Name: VANDALL, BONITA D Street Address (P.O. Box Number is Not Acceptable): 12650 WHITEHALL DR City: FORT MYERS FL Zip Code: 33907

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: B. D. V. BONITA D. VANDALL 4/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CONAWAY, DOREEN 1051 PALM AVE #111 NORTH FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CONAWAY, DOREEN 1051 PALM AVE #111 NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCLEAN, MARSHALL 1051 PALM AVE #117 NORTH FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HORN, JANICE 1055 PALM AVE #21F NORTH FORT MYERS, FL 33903 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COKEL, CINDY 1051 PALM AVE #127 NORTH FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIPPETOE, KATHLEEN 1051 PALM AVE #121 NORTH FORT MYERS, FL 33903 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, ERNEST 1051 PALM AVE #116 NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SWANSON, ERNEST 1051 PALM AVE #116 NORTH FORT MYERS, FL 33903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FITZGERALD, KATHLEEN 1055 PALM AVE #215 NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Kathleen Rippetoe - President 4-9-07 239-656-9659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN RIPPETOE