2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #761270

MARINATOWN VILLAGE, A CONDOMINIUM



FILED Feb 12, 2008 8:00 am Secretary of State 02-12-2008 90008 034 ****61.25

ASSOCIA	ATION, INC.			9				
C/O BENSON'S INC C/O 12650 WHITEHALL DR 12			-		ALEKE INEK ITEK ETEK ELEK ELEK ELEK ELEK		HIEF BL LERI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292008 Ci	hg-NP CR2E03	37 (12/06)		
City & State		City & State		4. FEI Number 59-239315	60		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	Agent		
VANDALI	RONITA D		l Name					
VANDALL, BONITA D 12650 WHITEHALL DRIVE FORT MYERS, FL 33907			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code		
	named entity submits this statement fo	r the purpose of changing its r	registered office or reg	sistered agent, or both, in		familiar with,	and accept	
_								
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)	DATE			
			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
	Filing Fee is \$61.25 Due by May 1, 2008				•			
10.	-	Trust Fund Co		Added to Fees	•	tment of St	ate	
10.	OFFICERS AND DIE	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHANG	Fiorida Depar ES TO OFFICERS AND DII	tment of St	ate	
TITLE NAME	OFFICERS AND DIE VD HORN, JANICE	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHANG	Fiorida Depar ES TO OFFICERS AND DII	tment of St	ate 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE VD HORN, JANICE 1055 PALM AVE #214	Trust Fund Co	Ontribution.	Added to Fees ADDITIONS/CHANG	Florida Depar ES TO OFFICERS AND DII CE A VE #214	RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE VD HORN, JANICE 1055 PALM AVE #214 NORTH FORT MYERS, FL 3390	Trust Fund Co	11. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG	Fiorida Depar ES TO OFFICERS AND DII	RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE VD HORN, JANICE 1055 PALM AVE #214	Trust Fund Co	11. TITLE PHAME SIREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG ORN, SKNI OSS PALM ORTH CORF	Fiorida Depar ES TO OFFICERS AND DII CE AVE #214 AYERS, F	RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF VD HORN, JANICE 1055 PALM AVE #214 NORTH FORT MYERS, FL 3390 D	Trust Fund Co	11. TITLE PHAME SIREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE ORN, J KNI OSS PALM ORTH CORF	FIORIDA DEPARENTA NO DIE	Thent of St RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS AND DIF VD HORN, JANICE 1055 PALM AVE #214 NORTH FORT MYERS, FL 3390 D RIPPETOE, KATHLEEN	Trust Fund Co	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS TITLE NAME SIREET ADDRESS	Added to Fees ADDITIONS/CHANGE ORN, J KNI OSS PALM ORTH CORF	Fiorida Depar ES TO OFFICERS AND DII CE AVE #214 AYERS, F	Thent of St RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008 OFFICERS AND DIF VD HORN, JANICE 1055 PALM AVE #214 NORTH FORT MYERS, FL 3390 D RIPPETOE, KATHLEEN 1051 PALM AVE #121 NORTH FORT MYERS, FL 3390 SD	Trust Fund Co	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS TITLE NAME SIREET ADDRESS	Added to Fees ADDITIONS/CHANGE ORN, J KNI OSS PALM ORTH CORF	FIORIDA DEPARENTA NO DIE	Thent of St RECTORS IN Change	10 Addition	
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12. I hereby certify that the information supplied with this liting 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, withfull other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #