

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90026 040 ****61.25

DOCUMENT # 761350	
1. Entity Name MAR COVE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3948 MARINERS WAY 211 CORTEZ, FL 34215 US	Mailing Address P.O. BOX 10674 BRADENTON, FL 34282 US
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40001270



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2441587	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent C&S CONDOMINIUM MGMNT. SERV., INC. 4301 32ND ST W. SUITE E-14 SUITE A-19 BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

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	PD RANDOLPH, PETERSON J 3920 MARINERS WAY #311 CORTEZ, FL 34215 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ANDREA 3825 MARINERS WALK #824 CORTEZ, FL 34215 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOUISE BOLGER 3960 MARINERS WAY #422 CORTEZ, FL 34215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FURMAN, KATHRYN PO BOX 1435 CHAUTAUQUA, NY 14222 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, KATHRYN P.O. BOX 1435 CHAUTAUQUA, NY 14222 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DE ROSE, CHARLES 3948 MARINERS WAY #222 CORTEZ, FL 34215 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEVERLY HENRY 3045 MARINERS COVE DR. #121 CORTEZ, FL 34215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACON, SUSAN 3920 MARINERS WAY #312 CORTEZ, FL 34215 ☐ 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 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 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: Beverly Henry 7 Jan 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #