



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 010 ****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		
2. Principal Place of Business 4301 32ND ST. W. Suite, Apt. #, etc. SUITE A-20 City & State BRADENTON FL Zip 34205 Country US		3. Mailing Address 4301 32ND ST. W. Suite, Apt. #, etc. SUITE A-20 City & State BRADENTON FL Zip 34205 Country US			
02022006 Chg-NP CR2E037 (11/05)				4. FEI Number 59-2441587	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. 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 C&S CONDO. MGMT. SERV., INC. Street Address (P.O. Box Number is Not Acceptable) 4301 32ND ST. W. SUITE A-20 City BRADENTON FL Zip Code 34205		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOLGER, LOUISE 3860 MARINERS WAY, #422 CORTEZ, FL 34215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, KATHRYN PO BOX 1435 CHAUTAUQUA, NY 14222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENRY, BEVERLY 3045 MARINERS COVE DR, #121 CORTEZ, FL 34215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACON, SUSAN 3920 MARINERS WAY #312 CORTEZ, FL 34215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Steve Bayard</u> STEVE BAYARD, Director & Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2/23/06 941-792-0380