

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-28-2005 90159 022 \*\*\*\*61.00  
768570

<b>DOCUMENT # 768570</b> 1. Entity Name <b>MARINA BAY TOWNHOMES ASSOCIATION, INC.</b>				  <div style="text-align: right;"> <b>FILED</b>  <b>05 MAY 10 AM 10:20</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>130 MARINA BAY DR</b> <b>NEW SMYRNA BEACH, FL 32169-2319 US</b>				Mailing Address <b>MARINA BAY TOWNHOMES HOA</b> <b>130 MARINA BAY DR.</b> <b>NEW SMYRNA BEACH, FL 32169-2319 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2964990</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent	
Zip		Country		7. Name and Address of New Registered Agent	
EARL, PARTICIA 133 MARINA BAY DR. NEW SMYRNA BEACH, FL 32169				Name <b>EARL, PATRICIA</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, GARY			NAME	
STREET ADDRESS	133 MARINA BAY DR.			STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDBERG, TOM			NAME	
STREET ADDRESS	152 MARINA BAY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWK, MARGARET			NAME	
STREET ADDRESS	156 MARINA BAY DR.			STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 the empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/25/05</b> (407) 920 5957 <small>Daytime Phone #</small>	