

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 768570

1. Entity Name
MARINA BAY TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**130 MARINA BAY DR
NEW SMYRNA BEACH, FL 32169-2319 US**

Mailing Address
**MARINA BAY TOWNHOMES HOA
130 MARINA BAY DR.
NEW SMYRNA BEACH, FL 32169-2319 US**



03102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2964990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EARL, PATRICIA
133 MARINA BAY DR.
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EARL, GARY
STREET ADDRESS 133 MARINA BAY DR.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VD
NAME LINDBERG, TOM
STREET ADDRESS 152 MARINA BAY DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE STD
NAME HAWK, MARGARET
STREET ADDRESS 156 MARINA BAY DR.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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03/23/07-80070-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/07

Date

396-428-0432

Daytime Phone #