2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Sep 09, 2004 8:00 am Secretary of State **DOCUMENT # 768916** 1. Entity Name 09-09-2004 90007 013 ****61.25 MARINA BAY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address UGAATUEU P.O. BOX 1101 WINDERMERE FL 34786 P.O. BOX 1101 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State City & State Applied For 4. FEI Number 59-2895147 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, FILL Street Address (P.O. Box Number is Not Acceptable) 2214 WHALER WAY WINDERMERE FL 34786 Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☑ Delete Change President FRASSO, JIM Kenneth A. Smith NAME NAME 11052 SCHOONER WAY 11067 Schooner way STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-71P CITY-ST-7IP Windermere, P2 34786 ☐ Change TITLE TITLE Addition Delete VICE-President PETERSON, BILL NAME NAME 10939 Bayshore Dr. 2214 WHALER WAY STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP VΠ ☐ Delete Secretary P. BARBARA NAME NAME Peterson Barbara Peterson STREET ADDRESS 2214 WHALER-WAY -STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP Delete TITLE Change TITLE Jane Hogan-Treasurer NAME NAME 11052 Schooner Way STREET ADDRESS STREET ADDRESS Windermere, FL 34786 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREFT 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

FILED