2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State **DOCUMENT # 768916** 1. Entity Name 05-05-2006 90170 002 ****61.25 MARINA BAY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 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. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2895147 Not Applicable Zíp Country Zip 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 Name PETERSON, FILL Street Add 2214 WHALER WAY WINDERMERE FL 34786 City 8. The above named entity submits this statement for the purpose of changing its registered office of the State of Florida. I am familia registered agent, or both, in the obligations of registered agent. SIGNATURE Signature, typed or printed name agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete President Addition TITLE ☐ Change TITLE SMITH, KENNETH A NAME NAME STREET ADDRESS 11067 SCHOONER WAY STREET ADDRESS ndormere, FL 34786 WINDERMERE FL 34786 CITY-ST-7IP CITY-ST-7IP TITLE Detete TITLE BOGER, GREG NAME NAME rman_Hedauat STREET ADDRESS 10939 BAYSHORE DR STREET ADDRESS BAYShore Drive WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change PETERSON, BARBARA NAME NAME STREET ADORESS 2214 WHALER WAY STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change **√** Addition HOGAN, JANE NAME STREET ADDRESS 11052 SCHOONER WAY STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED