

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768916

FILED
Mar 12, 2009
Secretary of State

Entity Name: MARINA BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1101
WINDERMERE, FL 34786

New Principal Place of Business:

11018 SCHOONER WAY
WINDERMERE, FL 34786

Current Mailing Address:

P.O. BOX 1101
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-2895147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUGHAN, CHAD
2214 WHALER WAY
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

SLONECKER, MICHAEL L
11044 SCHOONER WAY
WINDERMERE, FL 34786 US

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.

SIGNATURE: MICHAEL L. SLONECKER

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAUGHAN, CHAD
Address: 2214 WHALER WAY
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: ROUADI, JOSEPH
Address: 11001 SCHOONER WAY
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: FITCH, MICHELLE
Address: 11055 CLIPPER CRT
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: HOLSTON, BOB
Address: POB 1651
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLONECKER, MICHAEL L
Address: 11044 SCHOONER WAY
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: SMITH, KEN
Address: 11067 SCHOONER WAY
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Change () Addition
Name: FITCH, JEFFREY
Address: 11055 CLIPPER COURT
City-St-Zip: WINDERMERE, FL 34786

Title: T (X) Change () Addition
Name: LANE, SIV
Address: 11010 SCHOONER WAY
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. SLONECKER

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date