2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90033 020 ****61.25

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1. Entity Name
MARINA ISLES CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
766 NORTH DR. STE D MELBOURNE, FL 32934	2625 N. HARBOR CITY BLVD., SUITE 2 MELBOURNE, FL 32935 US

DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-2563823	Not Applicable

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

6. Name and Address of Current Registered Agent.

ROSSI, JAMES
24 MARINA ISLES BLVD.
INDIAN HARBOR BEACH, FL 32937

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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 X _JAMES ROSSI_   DATE 1/14/05

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSI, JAMES
STREET ADDRESS	24 MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937

TITLE	VD
NAME	REYNOLDS, WAYNE
STREET ADDRESS	32 MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937

TITLE	ST
NAME	OSBURN, OWEN
STREET ADDRESS	18 MARINA ISLES BLVD., UNIT 101
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937

TITLE	ST
NAME	MARLOWE, MIKE
STREET ADDRESS	1318 BRIARWOOD DR
CITY-ST-ZIP	WINTER PARK FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: X _JAMES ROSSI (President)_ 1/14/05 (321) 773 2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #