

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 REIN-NP CR2E099 (6/04)

DOCUMENT # 769665 1. Entity Name MARINA GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7731 BOCILLA LANE P. O. BOX 477 BOKEELIA, FL 33922-4770		Mailing Address 7731 BOCILLA LANE P. O. BOX 477 BOKEELIA, FL 33922-4770			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2746151	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAILEY, STEPHEN L. 7731 BOCILLA LANE #7 BOKEELIA, FL 33922			7. Name and Address of New Registered Agent Name Fruehauf Benjamin Street Address (P.O. Box Number is Not Acceptable) 7731 BOCILLA LANE #16 City Bokeelia FL Zip Code 33922		
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		(NOTE: Registered Agent signature required when reinstating)		DATE 10/7/05	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, ROBERT 2400 PANDORA LN CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Weintraub, Ruth 7731 Bocilla Lane #12 Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAILEY, STEVEN 7731 BOCILLA LN #7 BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loopman, Fred 7731 Bocilla Lane #4 Bokeelia FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRUEHAUF, BENJAMIN 7731 BOCILLA LN. #16 BOKEELIA, FL 33922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060455932 10/10/05--01072--003 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDLUND, BOB 7731 BOCILLA LANE BOKEELIA, FL 33722	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILKINSON, WENDY 11465 COLE ROAD NORTH EAST, PA 16428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 10/7/05	
Daytime Phone #		Daytime Phone #			