


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90440 043 ****61.25

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

50016032



04012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-2746151

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FRUEHAUF, BENJAMIN
7731 BOCILLA LANE #16
BOKEELIA, FL 33922

7. Name and Address of New Registered Agent
 Name
ROBERT HEDLUND
 Street Address (P.O. Box Number is Not Acceptable)
7731 BOCILLA LANE #13
 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 *[Signature]* DATE _____
Standard typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

ROBERT HEDLUND SECRETREAS

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEINTRAUB, RUTH	
STREET ADDRESS	7731 BOCILLA LANE #12	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOPMAN, FRED	
STREET ADDRESS	7731 BOCILLA LANE #4	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRUEHAUF, BENJAMIN	
STREET ADDRESS	7731 BOCILLA LN. #16	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, WENDY	
STREET ADDRESS	11465 COLE ROAD	
CITY-ST-ZIP	NORTH EAST, PA 16428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL SILVERFIELD	
STREET ADDRESS	4933 ST. CROIX DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED LOOPMAN	
STREET ADDRESS	4025 WINTERHAVEN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HEDLUND	
STREET ADDRESS	7731 BOCILLA LANE #13	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WAGNER	
STREET ADDRESS	2400 PANDORA LANE	
CITY-ST-ZIP	CHULUOTA FL 32764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WYATT	
STREET ADDRESS	1067 SQUIRE CHENEY ROAD	
CITY-ST-ZIP	WEST CHESTER PA 19382	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **ROBERT HEDLUND** Date **4/19/06** Daytime Phone # **239-283-8004**