


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90105 021 ****61.25

DOCUMENT # 769665					
1. Entity Name MARINA GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7731 BOCILLA LANE 18 BOKEELIA, FL 33922-4770			Mailing Address 7731 BOCILLA LANE 18 BOKEELIA, FL 33922-4770		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2746151	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEDLUND, ROBERT 7731 BOCILLA LANE #16 BOKEELIA, FL 33922			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCALZO, RON		NAME	STEPHEN L. BAILEY	
STREET ADDRESS	1909 PICCADILLY CIR.		STREET ADDRESS	1131 30TH ST. SO.	
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP	BIRMINGHAM, AL 35205	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, PAT		NAME		
STREET ADDRESS	1630 DUNMAR CIR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, BLAIR		NAME		
STREET ADDRESS	1067 SQUIRE CHENEY RD.		STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER, PA 19382		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ROBERT		NAME		
STREET ADDRESS	2400 PANDORA LN		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32766		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ROBERT		NAME		
STREET ADDRESS	2400 PANDORA LN.		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32766		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Stephen L. Bailey</i>		Date: 1-9-08		Daytime Phone #: 205-250-6299	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					