

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90061 022 ***150.00

DOCUMENT # 811770					
1. Entity Name MARLIN BAY APARTMENTS, INC., THE					
Principal Place of Business 2825 NE 33 AVENUE FT. LAUDERDALE FL 33308			Mailing Address 1100 E OAKLAND PARK BLVD #104 OAKLAND PARK FL 33334		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0844639	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PEARCE, DAVID L 1100 E OAKLAND PARK BLVD #104 OAKLAND PARK FL 33334				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, FRANCIS A		NAME		
STREET ADDRESS	23 NORFOLK RD		STREET ADDRESS		
CITY-ST-ZIP	HOLBROOK MA 02343		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTA, SR., HENRY		NAME	LEONARD COLLINS	
STREET ADDRESS	66 SILVER STREET		STREET ADDRESS	51 SUNNYSIDE LANE	
CITY-ST-ZIP	RANDOLPH MA 02368		CITY-ST-ZIP	BRAINTREE, MASS 02184	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAMEE, MICHAEL J		NAME	RICHARD HESSION	
STREET ADDRESS	11 GABLE ROAD		STREET ADDRESS	19 CANTERBURY WAY	
CITY-ST-ZIP	NEW CITY NY 10956		CITY-ST-ZIP	MARLBOROUGH, MASS 01752	
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		
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		
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 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 607, 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: Francis A. Howard 2/18/05
SIGNATURE AND TITLE _____ ED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____