2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002829

1. Entity Name

PENTHOUSE RESIDENCES AT MARINA POINTE, A CONDOMINIUM, INC.



FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90252 042 ****61.25

Mailing Address AMRINE SLE BLVD AMRINE SLE BLVD INDIAN HARBOUR BEACH, FL 32937 INDIAN HAR					Cont.	2					
Sulfo, Apt. 6, etc. Sulfo, Apt. 6, etc. Sulfo, Apt. 6, etc. Sulfo, Apt. 6, etc. O1042006 Chg.Np CR2E307 (11/05) 4. FEI Namber	4 MARINE IS	LE BLVD	4 MARINE ISLE BLVD	MARINE ISLE BLVD		A MERINAND BYL STREET				rie: et 2000	
City & State A. FEI Number of S9-3831228 Respective of Status Desired Status Desired Respective of New Registered Agent Name ANDERSON, J. PATRICK ESQ. 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32901 City City FL Zp Code Another of Note Number is Not Acceptable) City FL Zp Code City FL Zp	2. Principal P	Place of Business	3. Mailing Address	Mailing Address							
Space Spac	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E03	37 (11 <i>/</i> 05)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named analysis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligati	City & State		City & State	City & State			28				
ANDERSON, J. PATRICK ESQ. 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32901 City FL Zp Code City FL	Zip Country		Zip	ip Country		5. Certificate of S	tatus Desired				
ANDERSON, J. PATRICK ESQ. 93 S. HARBOR CITY BLVD, STE. 505 MELBOURNE, FL 32901 City FL Zp 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Interpretation of Florida Department of State of Florida D		6. Name and Address of Current R	egistered Agent			7. Name and Add	tress of New Re	gistered .	Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	ANDERSO	ON I DATRICK ESO	-		Name						
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	930 S. HA	RBOR CITY BLVD., STE. 505			Street Add	ress (P.O. Box Number is	Not Acceptable)			
SIGNATURE Signature Signa					City		FL Zip Code				
Post Register Re											
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE THOMAS, ALAN INDIAN HARBOR CITY BLVD. STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE P MARINE ISLE BLVD., UNIT 202 INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 TITLE D MARINE ISLE BLVD., UNIT 201 INDIAN HARBOUR BEACH, FL 32937 TITLE D MARINE ISLE BLVD., UNIT 201 INDIAN HARBOUR BEACH, FL 32937 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE D Delete TITLE NAME SIRET ADDRESS CITY-ST-2P Change Addition TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P Change Addition TITLE NAME SIRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST											
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE THOMAS, ALAN THOMAS, ALAN STREET ADDRESS STREET ADDRESS											
TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIRET A					+0:00 may so						
NAME SIRETADORESS CITY-ST-ZP TITLE NAME UNDEADURNE, FL 32934 THOMAS, ALAN SIRETADORESS CITY-ST-ZP TITLE NAME SIRETADORESS CITY-ST-ZP Change Addition Addition Addition Addition Addition Addition Addition SIRETADORESS CITY-ST-ZP Change Addition Addition Addition Addition Addition Addition Addition Addition Addition SIRETADORESS CITY-ST-ZP NAME SIRETADORESS CITY-ST-ZP Change Addition Addition Addition Addition Addition SIRETADORESS CITY-ST-ZP NAME SIRETADORESS CITY-ST-ZP SIRETADORESS CITY-ST-ZP SIRETADORESS CITY-ST-ZP SIRETADORESS CITY-ST-ZP SIRETADORESS CITY-ST-ZP Change CANDIDATE Change Addition Addition Addition Addition SIRETADORESS CITY-ST-ZP Change CANDIDATE CHANGE CITY-ST-ZP Change CANDIDATE CHANGE CITY-ST-ZP CITY-ST-ZP CHANGE CITY-ST-ZP CITY-ST-ZP CHANGE CITY-ST-ZP CHANGE CITY-ST-ZP CHANGE CITY-ST-ZP CITY-S	10.	OFFICERS AND DIRI	ECTORS	11.	-	ADDITIONS/CHANG	ES TO OFFICE	S AND DI	RECTORS IN	10	
STREET ADDRESS CITY-ST-ZP MELBOURNE, FL 32934 TITLE MAME MANE MARINE ISLE BLVD., UNIT 202 INDIAN HARBOUR BEACH, FL 32937 TITLE MAME TELEMACHOS, NICHOLAS 4 MARINE ISLE BLVD., UNIT 201 INDIAN HARBOUR BEACH, FL 32937 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE	TITLE	D .	☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZP MELBOURNE, FL 32934 TITLE NAME STREET ADDRESS CITY-ST-ZP		1			- I						
TITLE HAME SIRET ADDRESS CITY-ST-ZP INDIAN HARBOUR BEACH, FL 32937 TITLE MAME SIRET ADDRESS CITY-ST-ZP INDIAN HARBOUR BEACH, FL 32937 TITLE MAME SIRET ADDRESS CITY-ST-ZP INDIAN HARBOUR BEACH, FL 32937 TITLE MAME SIRET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE MAME SIRET ADDRESS CITY-ST-ZP CHange Addition Add					1						
HEBERT, HOWARD N 4 MARINE ISLE BLVD., UNIT 202 CITY-ST-ZP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME SIRETADDRESS CITY-ST-ZP SIRETADDRESS CITY		· · · · · · · · · · · · · · · · · · ·		_		<u>r</u>					
STREET ADDRESS CITY-S1-ZP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-S1-ZP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS	ŀ	·	☐ Delete		· '	3			L#Change	Addition	
CITY-ST-ZP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS		1			- 1						
NAME STREET ADDRESS CITY-ST-ZPP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS					I						
NAME STREET ADDRESS CITY-ST-ZPP INDIAN HARBOUR BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS	TITLE	D	☐ Delete	TITLE		D .			☐ Change	Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	NAME	TELEMACHOS, NICHOLAS		NAME	, ,	l					
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 3		CITY							
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	1		☐ Delete	•	<u> </u>	Baharata l	erry		☐ Change	2-Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS					E II ET ANNOCCO III.	1 marian T	Sles Bu	d. W	ni+301		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS					-ST-ZEP	Thatian Ha	chair E	مأءمو	F/ =	0937	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		□ Delete	UNE	 -	I THIS CORE ! I CA	<u> Dour</u>	CKCN	Change		
CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP CITY-ST-ZPP TITLE NAME STREET ADDRESS	i .								_		
TITLE Delete TITLE Change Addition NAME STREET ADDRESS TITLE NAME STREET ADDRESS	STREET ADDRESS										
NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZZP			CITY	-ST-ZDP			,	<u> </u>		
STREET ADDRESS STREET ADDRESS	J		Delete						Change	Addition	
		1									
	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 ceth; 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

Howard M. Hebert