

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002829

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** PENTHOUSE RESIDENCES AT MARINA POINTE, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

4 MARINE ISLE BLVD  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

4 MARINE ISLE BLVD  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 59-3631228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, J. PATRICK ESQ.  
930 S. HARBOR CITY BLVD., STE. 505  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMAS, ALAN  
Address: 158 N. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32934

Title: P ( ) Delete  
Name: HEBERT, HOWARD N  
Address: 4 MARINE ISLE BLVD., UNIT 202  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete  
Name: TELEMACHOS, NICHOLAS  
Address: 4 MARINE ISLE BLVD., UNIT 201  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete  
Name: BALDA, RICK  
Address: 4 MARINA ISLES BLVD., UNIT 301  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THOMAS, ALAN  
Address: 4 MARINA ISLES BLVD. UNIT 302  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD N. HEBERT

P

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date