

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90035 029 ****61.25

DOCUMENT # N00000003195		
1. Entity Name MARINA BAY-FLAGLER CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business % P.O. BOX 351471 PALM COAST FL 32135-1471	Mailing Address % P.O. BOX 351471 PALM COAST FL 32135-1471
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3651589		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANNON, FRED JR 7 FLORIDA PARK DR, STE C PALM COAST PROPERTY MGMT PALM COAST FL 32137		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  **Fred Annon** March 7, 2005
Signature, typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, LYNNE 5655 BARNA AVENUE TITUSVILLE FL 32780 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEAFFER, CAROL 609 EAST CENTRAL BLVD. ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sheaffer, Carol 609 E. Central Blvd. Orlando, Fl. 32801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIX, WILLARD 6334 GREEN GROVE COURT ORLANDO FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERRITT, SIMONE 300 MARINA BAY DRIVE, #201 FLAGLER BEACH FL 32136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Merritt, Simone 300 Marina Bay Drive, #201 Flagler Beach, Fl. 32136 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERSON, WILLIAM 300 MARIANA BAY DR., UNIT #204 FLAGLER BEACH FL 32136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Rhudy, Martha 100 Marina Bay Drive, #303 Flagler Beach, Fl. 32136 ☐ Change ☒ Addition

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 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:  **Simone M. Merritt** Vice President 2-7-05 (386)446-6333
Signature and typed or printed name of signing officer or director Date Daytime Phone #