2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N0000003195 1. Entity Name 04-24-2006 90424 027 ****61.25 MARINA BAY-FLAGLER CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address % P.O. BOX 351471 PALM COAST FL 32135-1471 % P.O. BOX 351471 PALM COAST FL 32135-1471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3651589 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNON, FRED JR Street Address (P.O. Box Number is Not Acceptable) 7 FLORIDA PARK DR, STE C PALM COAST PROPÉRTY MGMT PALM COAST FL 32137 City 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 lamiliar with, and accept the obligations of registered agent. 04-11-20Vb SIGNATURE Signature. NondFred nathorned out of a finite Coast Property Management rections) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS X Delete TITLE TiT: F PD ☐ Change Addition SHEAFFER, CAROL Shestak, Mona NAME NAME 8719 Great Cove Dr. 609 EAST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS Orlando, Fl. 32819 ORLANDO FL 32801 CITY - ST - ZIP CITY+ST-7IP VPD TITLE Delete TITLE ☐ Change **X** XAddition VP/S/D MERRITT, SIMONE Clapp, Larry 9009 Western Lake Dr.#806 Jacksonville, Fl. 32256 NAME NAME 300 MARINA BAY DRIVE, #201 STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL 32136 CITY-ST-7/P CITY-ST-7IP TITLE X Delete Change Addition. OBERSON, WILLIAM NAME Falconetti, Jean NAME 300 MARIANA BAY DR., UNIT #204 STREET ADDRESS STREET ADDRESS 327 Ashford Ct. CITY-ST-7IP FLAGLER BEACH FL 32136 CITY-ST-7IP Lake Mary, F1. 32746 STD Delete TITLE Change TITLE Addition RHUDY, MARTHA NAME NAME STREET ADDRESS 100 MARINA BAY DRIVE STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH FL 32136 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

resident

3/18/06

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED