

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90022 017 \*\*\*\*61.25

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> N00000003195                                            |  |
| <b>1. Entity Name</b><br>MARINA BAY-FLAGLER CONDOMINIUM ASSOCIATION, INC. |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>% P.O. BOX 351471<br>PALM COAST FL 32135-1471 | <b>Mailing Address</b><br>% P.O. BOX 351471<br>PALM COAST FL 32135-1471 |
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|------------------------------------------------------------------------------|--------------------------------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
| <b>City &amp; State</b>                                                      | <b>City &amp; State</b>                          |
| <b>Zip</b>                                                                   | <b>Country</b>                                   |

1st MOORE CR2E037 (10/06)

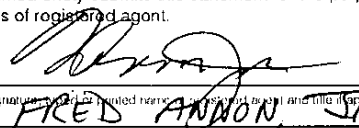
|                                    |                                                               |
|------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3651589 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---------------------------------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>ANNON, FRED JR<br>7 FLORIDA PARK DR, STE C<br>PALM COAST PROPERTY MGMT<br>PALM COAST FL 32137 |
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| <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip Code |
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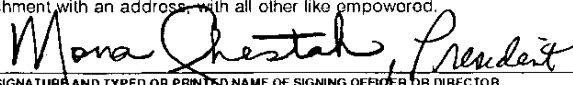
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 02/26/2007  
(NOTE: Registered Agent signature required when reinstating)

|                                                              |                                                                                                                               |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                                                  |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                               |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b><br>PD<br><b>NAME</b><br>SHESTAK, MONA<br><b>STREET ADDRESS</b><br>8719 GREAT COVE DR<br><b>CITY - ST - ZIP</b><br>ORLANDO FL 32819             | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>PD<br><b>NAME</b><br>Shestak, Mona<br><b>STREET ADDRESS</b><br>8719 Great Cove Drive<br><b>CITY - ST - ZIP</b><br>Orlando, FL 32819 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>VPSD<br><b>NAME</b><br>CLAPP, LARRY<br><b>STREET ADDRESS</b><br>9009 WESTERN LAKE DR 806<br><b>CITY - ST - ZIP</b><br>JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete            |                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>FALCONETTI, JEAN<br><b>STREET ADDRESS</b><br>327 ASHFORD CT<br><b>CITY - ST - ZIP</b><br>LAKE MARY FL 32746            | <input type="checkbox"/> Delete            |                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                  | <input type="checkbox"/> Delete            |                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                  | <input type="checkbox"/> Delete            |                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                  | <input type="checkbox"/> Delete            |                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  2/22/07 386-446-6333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #