

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003195

FILED
Feb 09, 2009
Secretary of State

Entity Name: MARINA BAY-FLAGLER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% P.O. BOX 351471
PALM COAST, FL 321351471

New Principal Place of Business:

100 MARINA BAY DRIVE
FLAGLER BEACH, FL 32136

Current Mailing Address:

% P.O. BOX 351471
PALM COAST, FL 321351471

New Mailing Address:

P.O. BOX 351471
PALM COAST, FL 321351471

FEI Number: 59-3651589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNON, FRED JR
7 FLORIDA PARK DR, STE C
PALM COAST PROPERTY MGMT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANNON, FRED JR
7 FLORIDA PARK DR, STE C
SOUTHERN STATES MGMT GROUP
PALM COAST, FL 32137 US

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: FRED ANNON, JR.

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHESTAK, MONA
Address: 8719 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: VPSD () Delete
Name: CLAPP, LARRY
Address: 9009 WESTERN LAKE DR 806
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: SIMONE, MERRITT
Address: 300 MARINA BAY DRIVE, #201
City-St-Zip: FLAGLER BEACH, FL 32136

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CLAPP, LARRY
Address: 9009 WESTERN LAKE DR 806
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD (X) Change () Addition
Name: SIMONE, MERRITT
Address: 300 MARINA BAY DRIVE, #201
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Change (X) Addition
Name: RHUDY, MARTHA
Address: P.O. BOX 1525
City-St-Zip: FLAGLER BEACH, FL 32136

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: FRED ANNON, JR.

AGNT

02/09/2009

Electronic Signature of Signing Officer or Director

Date