2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00411

Apr 22, 2009 Secretary of State

Entity Name: MARINA PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2539 GARY CIRCLE. DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** % COMMUNITY ACCTG & MGMT 40347 US 19 N #129 TARPON SPGS, FL 34689 FEI Number: 59-2567865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JANET K SPOONSTER JANET K SPOONSTER % COMMUNITY ACCTG & MGMT % COMMUNITY ACCTG & MGMT 40347 US 19 N #129 40347 US 19 N #129 TARPON SPGS, FL 34689 US TARPON SPGS, FL 34689 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: JANET K SPOONSTER 04/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RAY, JIM Name: Name: 2539 GARY CIR #706 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: PD () Delete Title: () Change () Addition BREWER, TOM Name: Name: Address: 2539 GARY CIRCLE #303 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: DS () Delete Title: DSVP (X) Change () Addition DABKOWSKI, JERRY DABKOWSKI, JERRY Name: Name: 2925 DEER RUN N. Address: Address: 2925 DEER RUN N. City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: () Change () Addition Name: VOGEL, PAUL Name: 2539 GARY CIRCLE #601 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition VOGEL, PAUL MITCHELL, ANTHONY Name: Name: 2539 GARY CIRCLE #601 2539 GARY CIRCLE #303 Address: Address: DUNEDIN, FL 34698 City-St-Zip: City-St-Zip: DUNEDIN, FL 34698

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: JANET K SPOONSTER **AGT** 04/22/2009