2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007733



FILED Apr 17, 2006 8:00 am Secretary of State

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MARINA ASSOCIA									
Principal Place of Business 2 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32137		Mailing Address 2 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32137				נטטכ	L4330	ı	
2. Principal Place of Business 310 Palm Harbor Pkwy		3. Mailing Address PO Box 350105							
Suite, Apt. #. etc.		Suite, Apt. #, etc.			01272006 (Chg-NP	CR2E0	37 (11/05)	
City & State Palm Coast, FL		City & State Palm Coast,	City & State Palm Coast, FL		4. FEI Number 04-3632849				pplied For ot Applicable
Zip 3213	Country US	Zip 32135	Country US		5. Certificate of \$			\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and Ad		Registered .	Agent	
LEWERS, FRED W					Bellapi				
8 CARLOS PALM CO	AST, FL 32137						·		
			City		Kings R	d.N. S		Zin Cor	ie_
8. The above	named entity submits this staffement for	the purpose of changing its re			Coast ed agent, or both, is	n the State of F	FL Iorida. I am		
the obligat	tions of registered agent.				. 4				,
SIGNATURE .	MALLE	MARC BELLAPIA		PROP. 1		U	2/9/00		
Signature, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 Due by May 1, 2006		1							
	Due by May 1, 2006	9. Election Camp Trust Fund Cor	ntribution.	<u> </u>	\$5.00 May Be Added to Fees	Flo	rida Depar	k payable t tment of S	tate
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Cor	ntribution.	A		Flo	rida Depar	rtment of S	tate
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TITLE NAME	OFFICERS AND DIR PD ANDERSON, THOMAS R	Trust Fund Cor	11. TITLE NAME	PD Libi	Added to Fees DOMIONS/CHANC	File GES TO OFFICE OE	erida Depai ERS AND DI	rtment of S	tate
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Interest certify that the information supplied with this lating obes not quality for the extentions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

G OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIG

(386) 931 5438