


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90406 037 ****61.25

DOCUMENT # N01000007733	
1. Entity Name MARINA COVE LANDINGS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32137	Mailing Address 2 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32137
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30014330



2. Principal Place of Business 310 Palm Harbor Pkwy	3. Mailing Address PO Box 350105
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01272006 Chg-NP CR2E037 (11/05)

City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32137	Country US
Zip 32135	Country US

4. FEI Number 04-3632849	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWERS, FRED W 8 CARLOS COURT PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent	
Name Marc Bellapianta	
Street Address (P.O. Box Number is Not Acceptable) 17 Old Kings Rd.N. Suite B	
City Palm Coast	FL Zip Code 32137

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  **MARC BELLAPIANTA** *Prop. Mgr.* **3/9/06**
Signature, typed 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ANDERSON, THOMAS R	
STREET ADDRESS 31 ROEBLING RD	
CITY- ST- ZIP BERNARDSVILLE, NJ 07924	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME LEWERS, FREDAS W	
STREET ADDRESS 8 CARLOS CT	
CITY- ST- ZIP PALM COAST, FL 32137	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ANDERSON, EVELYN M	
STREET ADDRESS 2 FLORIDA PARK DRIVE NORTH	
CITY- ST- ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Librizzi, Joe	
STREET ADDRESS 102 Clubhouse Dr. #308	
CITY- ST- ZIP Palm Coast, FL 32137	
TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Struhar, Michael	
STREET ADDRESS 1 Marina Point Pl.	
CITY- ST- ZIP Palm Coast, FL 32137	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Byner, John	
STREET ADDRESS 3 Marina Point Pl.	
CITY- ST- ZIP Palm Coast, FL 32137	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-14-06** **(386) 931 5438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #