

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90186 022 ****61.25

DOCUMENT # N01375

1. Entity Name
MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**80 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548**

Mailing Address
**80 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2390568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, LARRY
80 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **S** ☐ Delete
NAME: **ALLEN, LARRY**
STREET ADDRESS: **607 BURGUNDY LANE**
CITY-ST-ZIP: **FT. WALTON BEACH, FL**

TITLE: **BOD** ☐ Change ☒ Addition
NAME: **JO ANN KIRWIN**
STREET ADDRESS: **703 MULLETT CREEK RUN**
CITY-ST-ZIP: **NICEVILLE, FL 32578** ☐ Change ☐ Addition

TITLE: **VP** ☐ Delete
NAME: **GRIFFITH, FRANK**
STREET ADDRESS: **20573 HIGHWAY 12S**
CITY-ST-ZIP: **FOLEY, AL 36535**

TITLE: **T** ☐ Delete
NAME: **SAPP, MIKE**
STREET ADDRESS: **.765 SPRING LAKE DRIVE**
CITY-ST-ZIP: **DESTIN, FL 32541**

TITLE: **D** ☐ Delete
NAME: **ANDERSON, BILL**
STREET ADDRESS: **204 COUNTRY CLUB AVENUE**
CITY-ST-ZIP: **BAY MINETTE, AL 36507**

TITLE: **P** ☐ Delete
NAME: **RUMMEL, BERNARD**
STREET ADDRESS: **5518 ESSEX RD**
CITY-ST-ZIP: **PENSACOLA, FL 32506**

TITLE: **BOD** ☐ Delete
NAME: **KETCHUM, MARK**
STREET ADDRESS: **49 PARADISE POINT RD**
CITY-ST-ZIP: **SHALIMAR, FL 32579**

TITLE: **BOD** ☐ Change ☐ Addition
NAME: **KETCHUM, MARK**
STREET ADDRESS: **49 PARADISE POINT RD**
CITY-ST-ZIP: **SHALIMAR, FL 32579**

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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: *Larry Allen* **Larry Allen**

2/27/08

850-244-5132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #