

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002491

FILED  
Jun 02, 2005  
Secretary of State

**Entity Name:** MARINA VILLAGE HARBOR ASSOCIATION, INC.

**Current Principal Place of Business:**

1415 PIEDMONT DR., STE. 4  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1415 PIEDMONT DR., STE. 4  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENTON, RICHARD E  
1415 PIEDMONT DR., STE. 4  
TALLAHASSEE, FL 32308 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRIS, CLAY  
Address: P.O. BOX 1390  
City-St-Zip: PANACEA, FL 32346

Title: STD ( ) Delete  
Name: HARRIS, LINDA  
Address: P.O. BOX 1390  
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete  
Name: BENTON, R.E.  
Address: 1415 E. PIEDMONT DR.  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAY HARRIS

PD

06/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date