2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002491

FILED Mar 20, 2009 Secretary of State

Entity Name: MARINA VILLAGE HARBOR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

PO BOX 13089 TALLAHASSEE, FL 32317

FEI Number: 26-0590853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301 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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD () Delete Title: P (X) Change () Addition

 Name:
 HARRIS, CLAY
 Name:
 HARRIS, CLAY

 Address:
 P.O. BOX 1390
 Address:
 P.O. BOX 1390

 City-St-Zip:
 PANACEA, FL 32346
 City-St-Zip:
 PANACEA, FL 32346

Title: VPD () Delete Title: VP (X) Change () Addition

 Name:
 ANDERSON, BRENT
 Name:
 NAUMANN, JASON

 Address:
 6607 SURFSIDE BLVD
 Address:
 1808 OX BOTTOM LANE

 City-St-Zip:
 APOLLO BEACH, FL 33572
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: STD () Delete Title: S/T (X) Change () Addition

Name:BOGDANOV, MARIONName:UNGER, FREDAddress:1173 TUMBLEWEED RUNAddress:2782 TOWERVIEW ROADCity-St-Zip:TALLAHASSEE, FL 32311City-St-Zip:HERDEN, VA 20171

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: ROBERT S. RHINEHART RA 03/20/2009