


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 031 ****61.25

DOCUMENT # N02000003312					
1. Entity Name MARINA BAY CLUB CONDOMINIUM HOTEL ASSOCIATION, INC.					
Principal Place of Business 18100 N. BAY ROAD SUNNY ISLES, FL 33160			Mailing Address 18100 NORTH BAY ROAD SUNNY ISLES, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 03-0446827				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLAZER & ASSOCIATES, P.A. 1920 EAST HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE BEACH, FL 33009			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		10. OFFICERS AND DIRECTORS			
TITLE PT	NAME VEZINA, ANDRE	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME RICHARD LEMAY
STREET ADDRESS 18100 NORTH BAY ROAD #603	CITY-ST-ZIP SUNNY ISLES, FL 33160		STREET ADDRESS 18100 NORTH BAY RD. S-1001	CITY-ST-ZIP SUNNY ISLES BEACH FL 33160	
TITLE VPD	NAME WIKES, KENNETH	<input checked="" type="checkbox"/> Delete	TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ARETT SWANOR
STREET ADDRESS 18100 NORTH BAY ROAD #706	CITY-ST-ZIP SUNNY ISLES, FL 33160		STREET ADDRESS 18100 NORTH BAY RD. S-904	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	
TITLE SD	NAME BRUZZONE, NATALIE	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ANDRE VEZINA
STREET ADDRESS 3165 NE 184 TH STREET #6102	CITY-ST-ZIP AVENTURA, FL 33160		STREET ADDRESS 18100 NORTH BAY RD. S-603	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 		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: _____			3-21-06 305-466-2773		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		