2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N02000003411 1. Entity Name 04-17-2008 90014 049 ****61.25 MARSH ISLAND MARINA ASSOCIATION, INC. Principal Place of Business Mailing Address 9155 MARSH ISLAND DRIVE C/O BREFFNI MGMT VERO BEACH FL 32963 2925 CARDINAL DRIVE VEO BEACH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. CR2E037 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 68-0506539 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCENERNY, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 29725 CARDINAL DRIVE VERO BEACH FL 32963 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent 4-4-08 SIGNATURE Signature, typed or printed name of registered agent and the disciplication (NOTE: Registed) Agent signature real red when reinstating FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delate TITLE Change Addition MANN, STEPHEN NAME NAME 800 THIRD AVE STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP CITY-ST-ZIP Talle Delate TITLE Change Addition MANN, SHARYN HAME 998 FIFTH AVENUE STREET ADDRESS STREET ADDRESS NEW YORK NY 10028 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition WOLFF, IRA NAME NAME 11 GRACE AVENUE STREET ADDRESS STREET ADDRESS GREAT NECK NY 11021 CITY-ST-7IP 017Y-57-7/P Assistat Secretary TITLE ☐ Delete TITLE Change neitibbA 🛣 Patricia McEnerney NAME NAME STREET ADDRESS STREET ADDRESS 1012 POLICEAS DRIVE CITY-ST-ZIP CITY - ST - ZIP Vero Boad TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4-4008

FILED