2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003411

Entity Name: MARSH ISLAND MARINA ASSOCIATION, INC.

FILED Mar 31, 2009 Secretary of State

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

9155 MARSH ISLAND DRIVE VERO BEACH, FL 32963

Current Mailing Address: New Mailing Address:

C/O BREFFNI MGMT C/O BREFFNI MGMT 2925 CARDINAL DRIVE

2925 CARDINAL DRIVE SUITE D VEO BEACH, FL 32963 VEO BEACH, FL 32963

FEI Number: 68-0506539 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:

MCENERNY, PATRICIA MCENERNEY, PATRICIA 29725 CARDINAL DRIVE SUITE D 29725 CARDINAL DRIVE VERO BEACH, FL 32963 US VERO BEACH, FL 32963

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: PATRICIA MCENERNEY 03/31/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MANN, STEPHEN GILLINGHAM, THOMAS Name: Name: 800 THIRD AVE Address: 2945 MARSH ISLAND LANE Address:

City-St-Zip: NEW YORK, NY 10022 City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: (X) Change () Addition MANN, SHARYN Name: WOLF, IRA Name:

Address: 998 FIFTH AVENUE Address: 645 FIFTH AVENUE 8TH FLOOR City-St-Zip: NEW YORK, NY 10028 City-St-Zip: NEW YORK, NY 10022

Title: () Delete Title: (X) Change () Addition WOLFF, IRA MANN, STEPHEN Name: Name:

11 GRACE AVENUE 645 FIFTH AVENUE 8TH FLOOR Address: Address: City-St-Zip: GREAT NECK, NY 11021 City-St-Zip: NEW YORK, NY 10022

AS Title: AS () Delete Title: (X) Change () Addition MCENERGY, PATRICIA Name: Name: MCENERGY, PATRICIA 2925 CARDINAL DRIVE SUITE D Address: 1012 POITRAS DRIVE Address: VERO BEACH, FL 32963 VERO BEACH, FL 32963

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.

City-St-Zip:

SIGNATURE: PATRICIA MCENERNEY AS 03/31/2009