
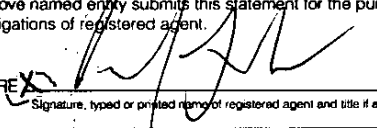
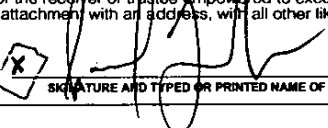


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90074 047 \*\*\*\*61.25

<b>DOCUMENT # N02000004601</b> 1. Entity Name <b>MARINA AT FACTORY BAY ASSOCIATION, INC.</b>					
Principal Place of Business <b>1081 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 US</b>			Mailing Address <b>1081 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 2499</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Marco Island, FL</b>			
Zip <b>34145</b>	Country <b>USA</b>	4. FEI Number <b>01-0666956</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CURLAND, JAMES 3930 DEER CROSSING COURT #206 NAPLES, FL 34114</b>			7. Name and Address of New Registered Agent Name <b>Paul Flores</b> Street Address (P.O. Box Number is Not Acceptable) <b>3893 Mannix Drive #528</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34114</b>		
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  DATE <b>1/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUDOLPH, STEVE</b> <b>1083 N. COLLIER BLVD. #223</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PIPER, DAVID SR</b> <b>8503 BELLARIO DRIVE</b> <b>NAPLES, FL 34114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARRATY, ROBERT J</b> <b>30 ANCHOR COURT</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CURLAND, JAMES</b> <b>3930 DEER CROSSING COURT #206</b> <b>NAPLES, FL 34114</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHESTNUT, DIANE G</b> <b>133 VINTAGE BAY DRIVE #18</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Paul Flores</b> <b>3893 Mannix Drive # 528</b> <b>Naples, FL. 34114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Wilbur Moore</b> <b>1069 Bald Eagle Dr. # 3045</b> <b>Marco Island, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE</b>  <b>Paul Flores</b> <b>1/18/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					