

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008416

1. Entity Name
**MARINA VILLAGE OF PANACEA UNIT II TOWNHOUSE
ASSOCIATION, INC.**



Principal Place of Business
**C/O RICHARD E BENTON
1415 EAST PIEDMONT DR STE 4
TALLAHASSEE, FL 32308**

Mailing Address
**C/O RICHARD E BENTON
1415 EAST PIEDMONT DR STE 4
TALLAHASSEE, FL 32308**



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENTON, RICHARD E
1415 EAST PIEDMONT DR STE 4
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HARRIS, CLAY
P.O. BOX 1390
PANACEA, FL 32346**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HARRIS, LINDA
P.O. BOX 1390
PANACEA, FL 32346**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CUDA, FRANK
P.O. BOX 1390
PANACEA, FL 32346**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

100000146755
10-03-04-00076-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda Harris* *Linda Harris* *4/30/04* *850-984-4853*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #