2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008756

FILED Apr 13, 2009 Secretary of State

Entity Name: MARINA VILLAGE TOWER I AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: 2501 27TH AVENUE, SUITE F-11 VERO BEACH, FL 32960 Current Mailing Address: P.O. BOX 650429 VERO BEACH, FL 32965			New Principal Place of Business:	New Principal Place of Business:		
			333 17TH STREET SUITE 2L VERO BEACH, FL 32960			
			New Mailing Address:			
			333 17TH STREET SUITE 2L VERO BEACH, FL 32960			
FEI Number	: 54-2103350	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desire	ed ()		
Name and	d Address of C	current Registered Agent:	Name and Address of New Registered Agent:			
RULE, LISA 2501 27TH AVENUE, SUITE F-11 /ERO BEACH, FL 32960 US			A.R. CHOICE MANAGEMENT, INC. 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 US	333 17TH STREET SUITE 2L		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered office or registered agent,	or both		
SIGNATURE: ALAN P. ROMANO			04/13/2009			
	Electron	ic Signature of Registered Ag	ent Date			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTO		
Title: Name: Address: City-St-Zip:	MACKIE, TOM	Delete /ILLAGE CIRCLE #401 FL 32967	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	DEVERELL, DA	/ILLAGE CIRCLE #201	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	BOTTIGER, LA	/ILLAGE CIRCLE #202	Title: () Change () Addition Name: Address: City-St-Zip:			
			Title: M (X) Change () Addition			

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.

SIGNATURE: TOM MACKIE P 04/13/2009