

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90033 031 ****61.25

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DOCUMENT # N03000000321 1. Entity Name MARNIE'S ISLAND PRESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 21892 TAMPA, FL 33632			Mailing Address PO BOX 21892 TAMPA, FL 33632		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 1934 CR 30		Suite, Apt. #, etc. 			
City & State Port St. Joe, FL		City & State 			
Zip 32456		Country USA		4. FEI Number 43-2005197	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OHR, TIM 630 BLEMONT AVE TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name Robyn A Rennick Street Address (P.O. Box Number is Not Acceptable) Sunset Bay Management Group 1934 CR 30 City Port St. Joe FL Zip Code 32456		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE <i>Robyn A Rennick</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Association manager Robyn A Rennick </div> <div style="width: 30%; text-align: right;"> 4-6-07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINSTON, WILLIAM	NAME	Patricia Hardman		
STREET ADDRESS	630 BELMONT AVE	STREET ADDRESS	123 Mariner Lane		
CITY-ST-ZIP	TEMPLE TERR, FL 33617	CITY-ST-ZIP	Port St. Joe, FL 32456		
TITLE	T <input type="checkbox"/> Delete	TITLE	Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OHR, TIM	NAME	Ohr, Tim		
STREET ADDRESS	630 BELMONT AVE	STREET ADDRESS	630 Belmont Ave		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33667	CITY-ST-ZIP	Temple Terrace, FL 33667		
TITLE	<input type="checkbox"/> Delete	TITLE	Sec/Treas <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Sharon Griffith		
STREET ADDRESS		STREET ADDRESS	3311 Vaillan Court		
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
SIGNATURE <i>Robyn A Rennick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Association Manager Robyn Rennick 4-6-07 850 527 4671 <small>Date Daytime Phone #</small>			