

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009979

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** THE VILLAGE AT MARINA COVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

224 7TH STREET  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

224 7TH STREET  
PORT ST JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 20-0746069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GROOM, PAUL W II  
116 SAILORS COVE DR  
PORT ST JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RISH, WILLIAM J JR  
Address: 252 MARINA DRIVE  
City-St-Zip: PORT ST JOE, FL 32456

Title: DVST ( ) Delete  
Name: RISH, RALPH P  
Address: 450 BLAKE DR  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DVST ( ) Delete  
Name: PREBLE, GREGORY S  
Address: 6631 NE PISGAH CURCH RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: JONES, PHILIP A  
Address: 505 NAUTILUS DRIVE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: MCELHENY, RANDALL A  
Address: 408 S. BONITA AVE.  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM J. RISH, JR.

DP

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date