2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007448

FILED Apr 13, 2009 Secretary of State

Entity Name: MARINA VIEW AT CAPE HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5828 CAPE HARBOUR DRIVE SUITE 102 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

5828 CAPE HARBOUR DRIVE SUITE 102 CAPE CORAL, FL 33914

FEI Number: 35-2210539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HEARN, CHRISTOPHER
DIANE RUSSELL
5828 CAPE HARBOUR DRIVE, SUIT 102
CAPE CORAL, FL 33914 US
HEARN, CHRISTOPHER
5828 CAPE HARBOUR DRIVE
SUITE 102
CAPE CORAL, FL 33914 US
CAPE CORAL, FL 33914 US

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: 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BRESLIN, THOMAS PD (X) Change () Addition BRESLIN, THOMAS

 Address:
 5704 CAPE HARBOUR DR #506
 Address:
 5704 CAPE HARBOUR DR., #506

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33914

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: DISCH, KEN Name: DISCH, KEN

 Address:
 5702 CAPE HARBOUR DR #503
 Address:
 5702 CAPE HARBOUR DR., #503

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33914

Title: STD () Delete Title: STD (X) Change () Addition Name: NUCKOLS, MARILYN Name: NUCKOLS, MARILYN

 Name:
 NUCKOLS, MARILYN
 Name:
 NUCKOLS, MARILYN

 Address:
 5706 CAPE HARBOUR DR #510
 Address:
 5706 CAPE HARBOUR DR., #510

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33914

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 BRESLIN PD 04/13/2009