

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N04000011617

1. Entity Name
PY & CC MARINA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6300 PASADENA POINT BLVD
GULFPORT, FL 33707**

Mailing Address
**6300 PASADENA POINT BLVD
GULFPORT, FL 33707**



02152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2113003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARSON, ROGER A
6300 PASADENA PT BLVD
GULFPORT, FL 33707**

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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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAVETTE, DONALD B
STREET ADDRESS	8480 E ORCHARD ROAD SUITE 6200
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 801115029
TITLE	STD
NAME	MEYER, JOE
STREET ADDRESS	6300 PASADENA POINT BLVD
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	D
NAME	WARMACK, RALPH
STREET ADDRESS	6317 PASADENA POINT BLVD. S
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80076-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

Date

Daytime Phone #