


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N04894

1. Entity Name
MARINA LAKE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 7312 SW 48 ST MIAMI, FL 33155 US	Mailing Address PO BOX 172633 HIALEAH, FL 33017 US
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2486872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRETT, RICHARD W.
 5463 NW 186 ST
 OPA LOCKA, FL 33055**

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

**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 D	ST GEORGE, MARIA
NAME	7364 SE 48 STREET
STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP	
TITLE D	ST. GEORGE, MARIA
NAME	7380 S.W. 48 STREET
STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP	
TITLE ST	KHONSARY, ABBAS
NAME	4970 SW 72ND AVE
STREET ADDRESS	MIAMI, FL 33155
CITY-ST-ZIP	
TITLE P	REYES, MANUEL
NAME	7312 SW 48TH ST
STREET ADDRESS	MIAMI, FL 33155
CITY-ST-ZIP	
TITLE V	SIXTO, EMILIO
NAME	7342 S.W. 48TH STREET
STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Manuel Reyes Otah 1-209-08 305-661-5990

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR