2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04894

FILED Feb 23, 2009 Secretary of State

Entity Name: MARINA LAKE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7312 SW 4 MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 172633 HIALEAH, FL 33017 US					
FEI Number:	59-2486872	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:					
BARRETT, RICHARD W. 5463 NW 186 ST OPA LOCKA, FL 33055 US					
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ST GEORGE, M 7364 SE 48 STF MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ST. GEORGE, N 7380 S.W. 48 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () KHONSARY, AB 4970 SW 72ND MIAMI, FL 3315	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REYES, MANUE 7312 SW 48TH	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () SIXTO, EMILIO 7342 S.W. 48TH MIAMI, FL	Delete I STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MANUEL REYES-OTALORA P 02/23/2009