
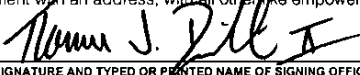


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90112 048 ****61.25

DOCUMENT # N04931 1. Entity Name MARINA CLUB VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4620 BAY POINT ROAD UNIT 1041 PANAMA CITY BEACH, FL 32408 US			Mailing Address P O BOX 27522 PANAMA CITY, FL 32411 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2935782	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLOAN, TIMOTHY 427 MCKENZIE AVENUE PANAMA CITY, FL 32401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LINDA 4620 BAY POINT ROAD #1035 PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARSHALL, BRYANT 4620 BAY POINT RD #1007 PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLENE UOSKA 4620 BAY POINT RD #1043 PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELPH, CARL 4620 BAY POINT ROAD #1041 PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARKER, JENKS 5700 PEACH UNION SPRINGS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOPER, WAYNE 4620 BAY POINT RD PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. WILLIAM HANSEN 4620 BAY POINT ROAD #1008 PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 				1/11/07 (850) 234-8090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	