

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04931

FILED
Apr 09, 2009
Secretary of State

Entity Name: MARINA CLUB VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4620 BAY POINT ROAD
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 27522
PANAMA CITY, FL 32411 US

New Mailing Address:

FEI Number: 59-2935782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILSON, LINDA
Address: 4620 BAY POINT ROAD #1035
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DS () Delete
Name: VOSKA, CHARLENE
Address: 4620 BAY POINT RD #1043
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: SELPH, CARL
Address: 4620 BAY POINT ROAD #1041
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DV () Delete
Name: PARKER, JENKS
Address: 5700 PEACH
City-St-Zip: UNION SPRINGS, FL

Title: DT () Delete
Name: HANSON, WILLIAM DR
Address: 4620 BAY POINT RD #1008
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ISLER, CHARLENE
Address: 4620 BAY POINT RD #1043
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS J. RISALVATO II

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date