

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

For Office Use Only

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FILED

11 MAY 16 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND5000001283

1. Entity Name

Marina Lake Condominium Assoc. Inc.



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2. Principal Place of Business - No P.O. Box #

424 Northlake Ct

Suite, Apt. #, etc.

3. Mailing Address

424 Northlake Ct

Suite, Apt. #, etc.

CR2E037B (1/11)

City & State

North Palm Beach

City & State

North Palm Beach

4. FEI Number

N/A

Applied For

Not Applicable

Zip

33463

Country

US

Zip

33463

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mark W. Smith

Street Address (P.O. Box Number is Not Acceptable)

424 Northlake Court

City

North Palm Beach

FL

Zip Code

33463

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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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

4/30/2011

DATE

FEE IS \$61.25

Initial or Amended AR
Make Check Payable to
Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

E-mail Address:

erica@perfect1864.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Mark Smith
9498 Alhambra AIA
Lake Park, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Terry McDow
424 Northlake Court #4
North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

05/09/11--01004--002 **150.00

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05/09/11--01004--002 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2011

DATE

Daytime Phone #

561-845-8896