2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001285

FILED Mar 13, 2008 Secretary of State

Entity Name: FLAGLER LANDING MARINA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

639 EAST OCEAN AVE 777 EAST ATLANTIC AVENUE

SUITE 406 SUITE 203

BOYNTON BEACH, FL 33435 DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

639 EAST OCEAN AVE 777 EAST ATLANTIC AVENUE SUITE 406 SUITE 203

BOYNTON BEACH, FL 33435

DELRAY BEACH, FL 33483

FEI Number: 20-3223253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

OLIVER, BERT R OLIVER, BERT R 2060 NW BOCA RATON BLVD SUITE 6 955 NW 17TH AVENUE

BOCA RATON, FL 33431 BUILDING

DELRAY BEACH, FL 33445 US

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: 03/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ELAM. PRYSE R ELAM, PRYSE R Name: Name:

639 EAST OCEAN AVE, SUITE 406 Address: 777 EAST ATLANTIC AVENUE, SUITE 203 Address:

BOYNTON BEACH, FL 33435 City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete Title: (X) Change () Addition

Name: SCHMIDT, ELIZABETH Name: SCHMIDT, ELIZABETH

Address: 639 EAST OCEAN AVE, SUITE 406 Address: 777 EAST ATLANTIC AVENUE, SUITE 203

City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete Title: (X) Change () Addition NYS, ANGIE Name: NYS, ANGIE Name:

639 EAST OCEAN AVE, SUITE 406 777 EAST ATLANTIC AVENUE, SUITE 203 Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: DELRAY BEACH, FL 33483

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: PRYSE R ELAM D 03/13/2008