

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004278

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: KERZNER MARINE FOUNDATION, INC.

**Current Principal Place of Business:**

1000 SOUTH PINE ISLAND RD., SUITE 800  
PLANTATION, FL 33324

**New Principal Place of Business:**

1000 SOUTH PINE ISLAND RD.  
800  
PLANTATION, FL 33324

**Current Mailing Address:**

1000 SOUTH PINE ISLAND RD., SUITE 800  
PLANTATION, FL 33324

**New Mailing Address:**

1000 SOUTH PINE ISLAND RD.  
800  
PLANTATION, FL 33324

FEI Number: 34-2045752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: O'NEIL, PAUL  
Address: 1000 S PINE ISLAND RD SUITE 800  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: DAYTON, PAUL K  
Address: 1000 S PINE ISLAND RD SUITE 800  
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete  
Name: BIUMI, BONNIE  
Address: 1000 S PINE ISLAND RD SUITE 800  
City-St-Zip: PLANTATION, FL 33324

Title: S (X) Delete  
Name: MURRU, FRANK  
Address: 1000 S PINE ISLAND RD SUITE 800  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: MURRO, FRANK  
Address: 1000 S PINE ISLAND RD SUITE 800  
City-St-Zip: PLANTATION, FL 33324

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: BONNIE BIUMI

T

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date