


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 006 ****61.25

DOCUMENT # N05000011197 1. Entity Name THE PORT MARINA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1801 SE 17TH STREET FORT LAUDERDALE, FL 33316			Mailing Address 800 EAST BROWARD BLVD SUITE 403 FORT LAUDERDALE, FL 33301		
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 20-3734455	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAY, ROBERT 800 EAST BROWARD BLVD SUITE 403 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name DANIEL CHRISTENSEN Street Address (P.O. Box Number is Not Acceptable) 1819 SE 17TH ST. #1409 City FORT LAUDERDALE FL Zip Code 33326	
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 <u><i>Daniel Christensen</i></u> <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	PD DAY, ROBERT 800 EAST BROWARD BLVD SUITE 403 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Christensen, Daniel 1819 SE 17th Street #1409 Ft. Lauderdale, FL 33316
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPIERS, DAVID 800 EAST BROWARD BLVD SUITE 403 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mahoney, Reginald 700 Independence Blvd Suite 202 Virginia Beach, VA 23455
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSENBERG, CHRISTIAN 800 EAST BROWARD BLVD SUITE 403 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Carcon, Dan 1819 SE 17th Street #1507 Ft. Lauderdale, FL 33316
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Daniel Christensen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-23-07 954-255-0343 <small>Date Daytime Phone #</small>	