

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N05324**

1. Entity Name  
**MARINA VIEW CONDOMINIUM OF POMPANO BEACH,  
INC.**



Principal Place of Business  
**2616 N. RIVERSIDE DR  
APT. 3  
POMPANO BEACH, FL 33062**

Mailing Address  
**2616 N. RIVERSIDE DR.  
#1  
POMPANO BEACH, FL 33062-1242**



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0261901**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ORGAIN, BENJAMIN W II  
2616 N. RIVERSIDE DR.  
#1  
POMPANO BEACH, FL 33062-1242**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME THOMPSON, GEORGE  
STREET ADDRESS 2616 N RIVERSIDE DR 3  
CITY-ST-ZIP POMPANO BEACH, FL

TITLE VPD  
NAME LINDNER, WILLIAM  
STREET ADDRESS 2616 N. RIVERSIDE DR. #5  
CITY-ST-ZIP POMPANO BEACH, FL

TITLE TD  
NAME ORGAIN, BENJAMIN II  
STREET ADDRESS 2616 N. RIVERSIDE DR. #1  
CITY-ST-ZIP POMPANO BEACH, FL

TITLE SD  
NAME THOMPSON, PATRICIA  
STREET ADDRESS 2616 N. RIVERSIDE DR. 3  
CITY-ST-ZIP POMPANO BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000671282  
03/28/07-80022-012 61.25

**DO NOT WRITE  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Benjamin W. Orgain II BENJAMIN W. ORGAIN II 3/15/2007 (954) 695-2719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #