2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004436

FILED Apr 11, 2007 Secretary of State

Entity Name: MARINA DEL REY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 03-0603363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete PRIOR, TOM Name: Name: 955 KELLER ROAD SUITE 1500 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: Title: VPD (X) Change () Addition () Delete Name: DONATO, DOMINICK Name: DOMINICK, DONALD Address: 955 KELLER ROAD SUITE 1500 Address: 955 KELLER ROAD SUITE 1500 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: DS () Delete Title: () Change () Addition GREENAWALT, TOM Name: Name: 955 KELLER ROAD SUITE 1500 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROUSCH, BILLY Name: 955 KELLER ROAD SUITE 1500 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM PRIOR DP 04/11/2007