2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009019

Apr 07, 2009 Secretary of State

Entity Name: MARINA VILLAGE AT BOYNTON BEACH TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

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

625 CASA LOMA BLVD SUITE 104 BOYNTON BEACH, FL 33435

New Mailing Address: Current Mailing Address:

625 CASA LOMA BLVD. SUITE 104 BOYNTON BEACH, FL 33435

OFFICERS AND DIRECTORS:

FEI Number: 20-5446147 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:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WHITE, C. RICHTER FERRETTI, GARY Name: Name: 625 CASA LOMA BLVD., SUITE 104 Address: 625 CASA LOMA BLVD., SUITE 104 Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: BOYNTON BEACH, FL 33435

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

MCDERMOTT, DAVID Name: Name: Address: 325 CASA LOMA BLVD., SUITE 104 Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip:

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

PERRY, WILLIAM Name: Name: 625 CASA LOMA BLVD., SUITE 104 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 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: MALVENE BRICE PM04/07/2009