

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 20, 2009
Secretary of State

DOCUMENT# N06000009019

Entity Name: MARINA VILLAGE AT BOYNTON BEACH TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**625 CASA LOMA BLVD
SUITE 104
BOYNTON BEACH, FL 33435**New Principal Place of Business:****Current Mailing Address:**625 CASA LOMA BLVD.
SUITE 104
BOYNTON BEACH, FL 33435**New Mailing Address:****FEI Number:** 20-5446147**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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:** DP () Delete
Name: FERRETTI, GARY
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** TR () Delete
Name: MCDERMOTT, DAVID
Address: 325 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** ST () Delete
Name: PERRY, WILLIAM
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TR (X) Change () Addition
Name: MCDERMOTT, DAVID
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** ST (X) Change () Addition
Name: HARNICK, SHELDON
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435

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: GARY FERRETTI

DP

07/20/2009

Electronic Signature of Signing Officer or Director

Date