2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

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THE MARINA CONDOMINIUM AT NAPLES BAY RESORT



ASSOCIATION, INC. Principal Place of Business Mailing Address 60032701 C/O 3530 KRAFT ROAD, SUITE 300 C/O 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302008 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 26-6666625 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GFPAC SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE Addition TITLE Delete Change YOUNG, ROY A NAME NAME STREET ADDRESS C/O 3530 KRAFT ROAD, SUITE 300 STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP NAPLES, FL 34105 THILE D M Defete THTLE ☐ Change ■ Addition CARROLL, PETER NAME STREET ADDRESS STREET ADDRESS C/O 3530 KRAFT ROAD, SUITE 300 CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP D ☐ Delete TITLE Change ☐ Addition TITLE THOMAS, CHARLES NAME NAME STREET ADDRESS C/O 3530 KRAFT ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-S1-ZIE Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	