

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004250

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE MARINA CONDOMINIUM AT NAPLES BAY RESORT ASSOCIATION, INC.

Current Principal Place of Business:

C/O 3530 KRAFT ROAD, SUITE 300
NAPLES, FL 34105

New Principal Place of Business:

3530 KRAFT ROAD, SUITE 204
NAPLES, FL 34105

Current Mailing Address:

C/O 3530 KRAFT ROAD, SUITE 300
NAPLES, FL 34105

New Mailing Address:

3530 KRAFT ROAD, SUITE 204
NAPLES, FL 34105

FEI Number: 26-0666625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GFPAC SERVICES, LLC
C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 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: D () Delete
Name: YOUNG, ROY A
Address: C/O 3530 KRAFT ROAD, SUITE 300
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: THOMAS, CHARLES
Address: C/O 3530 KRAFT ROAD, SUITE 300
City-St-Zip: NAPLES, FL 34105

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRAZITTA, ROBERT
Address: 3530 KRAFT ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: V (X) Change () Addition
Name: DELGADO, FRANK
Address: 3530 KRAFT ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: T () Change (X) Addition
Name: MACIVOR, THOMAS
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105

Title: S () Change (X) Addition
Name: COLLINS, HELEN C
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105

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: THOMAS MACIVOR

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date