2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

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

Current Principal Place of Business:

3530 KRAFT ROAD, SUITE 204
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

3530 KRAFT ROAD, SUITE 204
NAPLES, FL 34105

New Mailing Address:

1500 5TH AVENUE S
NAPLES, FL 34102

FEI Number: 26-0666625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: P
Name: DELGADO, FRANK
Address: 3530 KRAFT ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: V
Name: THOMAS, MACIVOR
Address: 995 SANDPIPER STREET #B104
City-St-Zip: NAPLES, FL 34112

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

Title: S
Name: HENDRICKS, BRIAN C
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105

Title: D
Name: CRIST, PETER
Address: 306 N. GRANT
City-St-Zip: HINSDALE, IL 60521

I hereby 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 all other like empowered.

SIGNATURE: THOMAS MACIVOR VP 04/12/2010

Electronic Signature of Signing Officer or Director — Date