

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004250

FILED  
Apr 12, 2012  
Secretary of State

**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:**

1500 5TH AVENUE S  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 26-0666625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
999 VANDERBILT BEACH RD  
STE 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: 3530 KRAFT ROAD, SUITE 204  
City-St-Zip: NAPLES, FL 34105

Title: T  
Name: MACIVOR, THOMAS  
Address: 3530 KRAFT ROAD, SUITE 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: ROBERT, COLLINS  
Address: 426 PALM DRIVE  
City-St-Zip: ISLAMORADA, FL 33036

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

V

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date