
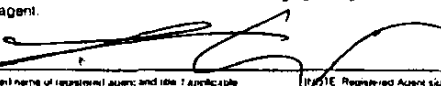
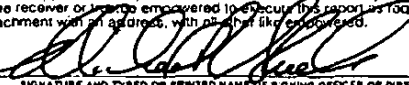


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000005439					
1. Entity Name MARKER 1 DOCKOMINIUM ASSOCIATION, INC.					
Principal Place of Business 343 CAUSEWAY BLVD. DUNEDIN, FL 34698			Mailing Address 343 CAUSEWAY BLVD. DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08052008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLINE, HARRY S 343 CAUSEWAY BLVD. DUNEDIN, FL 34698				Name <u>LARRY CROW</u> Street Address (P.O. Box Number is Not Acceptable) <u>1247 S. Pinellas Ave.</u> City <u>Tampa Springs</u> FL 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  8/11/08 Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent Signature is required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEEKS, MICHAEL		NAME		
STREET ADDRESS	343 CAUSEWAY BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	DUNEDIN, FL 34698		CITY-STATE-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWELL, HOWARD		NAME		
STREET ADDRESS	343 CAUSEWAY BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	DUNEDIN, FL 34698		CITY-STATE-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPPARD, PATRICK		NAME		
STREET ADDRESS	343 CAUSEWAY BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	DUNEDIN, FL 34698		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 placeholder like employed.					
SIGNATURE: 				8/12/08 (727) 734-2525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

FILED
2008 SEP 29 PM 4:19CLERK OF STATE
TALLAHASSEE, FLORIDA

80 9.29





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2008

MARKER 1 DOCKOMINIUM ASSOCIATION, INC.
343 CAUSEWAY BLVD.
DUNEDIN, FL 34698

Subject: **MARKER 1 DOCKOMINIUM ASSOCIATION, INC.**

Reference Number: **N07000005439**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ms

ANNUAL REPORTS SECTION

WE ARE HAVING A SLIGHT problem getting
our FEI number and will notify you
AS SOON AS we get it

P.O. BOX 6327 - Tallahassee, Florida 32314