8/26/2008-90001-016-$61.25-$61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 29, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N07000005441

1. Entity Name
MARKER 1 MARINA MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
343 CAUSEWAY BLVD. DUNEDIN, FL 34698	343 CAUSEWAY BLVD. DUNEDIN, FL 34698

08052008 Chg-NP CR2E037 (12/06)

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

FEI Number: ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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: Lowry Crow - Atty Street Address (P.O. Box Number is Not Acceptable): 1247 S. Pinellas Ave. City: Tarpon Springs FL Zip Code: 34689

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 title if applicable (NOTE: Registered Agent signature required when re-designating) DATE

Filing Fee is $61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEEKS, MICHAEL 343 CAUSEWAY BLVD. DUNEDIN, FL 34698	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOWELL, HOWARD 343 CAUSEWAY BLVD. DUNEDIN, FL 34698	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD SHEPPARD, PATRICK 343 CAUSEWAY BLVD. DUNEDIN, FL 34698	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ Mgr. member 8/12/08 (727)734-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #