

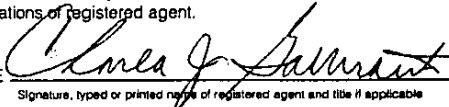
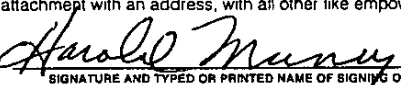


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90042 045 \*\*\*\*61.25

<b>DOCUMENT # N09744</b> 1. Entity Name <b>MARINA TOWER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US</b>				Mailing Address <b>4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US</b>	
2. Principal Place of Business <b>3684 TAMPA RD</b> Suite, Apt. #, etc. <b>SUITE 6</b> City & State <b>OLDSMAR FL</b> Zip <b>34677</b>		3. Mailing Address <b>3684 TAMPA RD</b> Suite, Apt. #, etc. <b>SUITE 6</b> City & State <b>OLDSMAR FL</b> Zip <b>34677</b>			
4. FEI Number <b>59-2860126</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685</b>			7. Name and Address of New Registered Agent Name <b>GABRIEL, CHARLA J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3684 TAMPA RD</b> Suite, Apt. #, etc. <b>SUITE 6</b> City <b>OLDSMAR</b> <b>FL</b> Zip Code <b>34677</b>		
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  DATE <b>1/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>STD</b> <input type="checkbox"/> Delete				
NAME	<b>COLLINS, ADELINE</b>				
STREET ADDRESS	<b>2530 GARY CIRCLE, STE 605</b>				
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>				
TITLE	<b>PD</b> <input type="checkbox"/> Delete				
NAME	<b>MUNCY, HAROLD</b>				
STREET ADDRESS	<b>2350 GARY CIR #401</b>				
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>				
TITLE	<b>VPD</b> <input type="checkbox"/> Delete				
NAME	<b>MOTL, MARK</b>				
STREET ADDRESS	<b>2530 GARY CIR SUITE 604</b>				
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete				
NAME	<b>IBARRA, ENRIQUE</b>				
STREET ADDRESS	<b>2530 GARY CIRCLE, STE 804</b>				
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete				
NAME	<b>KNAPP, ROBERT</b>				
STREET ADDRESS	<b>2530 GARY CIRCLE, STE 905</b>				
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  <b>HAROLD MUNCY</b> (813) 925-8874 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					