## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 15, 2007 8:00 am Secretary of State **DOCUMENT # N09744** 03-15-2007 90018 048 \*\*\*\*61.25 MARINA TOWER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3684 TAMPA RD 3684 TAMPA RD SUITE 6 SUITE 6 OLDSMAR, FL 34677 OLDSMAR, FL 34677 01082007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2860126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GALBRAITH, CHARLA J DO NOT WRITE 3684 TAMPA RD SUITE 6 IN THIS SPACE OLDSMAR, FL 34677 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE STD NAME COLLINS, ADELINE STREET ADDRESS 2530 GARY CIRCLE, STE 605 CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME MUNCY, HAROLD STREET ADDRESS 2350 GARY CIR #401 CITY-ST-ZIP DUNEDIN, FL 34698 TITLE VPD NAME MOTL, MARK STREET ADDRESS 2530 GARY CIR SUITE 604 DO NOT WRITE CITY-ST-ZIP DUNEDIN, FL 34698 IN THIS SPACE TITLE NAME IBARRA, ENRIQUE STREET ADDRESS 2530 GARY CIRCLE, STE 804 CITY-ST-ZIP DUNEDIN, FL 34698 TITLE KNAPP ROBERT NAME STREET ADDRESS 2530 GARY CIRCLE, STE 905 CITY-ST-ZIP DUNEDIN, FL 34698

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ICER OR DIRECTOR

**FILED**