

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10140

FILED
Jan 24, 2008
Secretary of State

Entity Name: MARINE HOTEL ASSOCIATION, INC.

Current Principal Place of Business:

475 GATE FIVE ROAD
SUITE 218
SAUSALITO, CA 94965 US

New Principal Place of Business:

Current Mailing Address:

475 GATE FIVE ROAD
SUITE 218
SAUSALITO, CA 94965 US

New Mailing Address:

FEI Number: 59-2557841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVI, JOSEPH
3655 NW 87TH AVENUE
MIAMI, FL 33178 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: TD () Delete
Name: BYRNE, JOHN
Address: ONE COCA-COLA PLAZA
City-St-Zip: ATLANTA, GA 30301 US

Title: A () Delete
Name: PRITCHARD, CAROLINE, J.
Address: 475 GATE FIVE RD., SUITE 218
City-St-Zip: SAUSALITO, CA 94965 US

Title: C () Delete
Name: DANIS, JEFFREY
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132 US

Title: PD () Delete
Name: LAVI, JOSEPH
Address: 3655 NW 87TH AVENUE
City-St-Zip: MIAMI, FL 33178 US

Title: SD () Delete
Name: GRANEK, DAVID
Address: 2707 ROLLING ROAD
City-St-Zip: BALTIMORE, MD 21244 US

Title: VPD () Delete
Name: TOBLER, PETER
Address: 24844 ROCKEFELLER AVENUE
City-St-Zip: SANTA CLARITA, CA 91355 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: TOBLER, PETER
Address: 24305 TOWN CENTER DRIVE
City-St-Zip: SANTA CLARITA, CA 91355 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLINE J. PRITCHARD

A

01/24/2008

Electronic Signature of Signing Officer or Director

Date