## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11730

FILED Jul 02, 2006 Secretary of State

Entity Name: MAR BLEU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
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1101 SO ATLANTIC AVE 1101 SO ATLANTIC AVE

STE 302 STE 401

COCOA BEACH, FL 329312438 US COCOA BEACH, FL 32931 US

Current Mailing Address: New Mailing Address:

1101 SO. ATLANTA AVE. 1101 SO. ATLANTIC AVE.

STE 302 SUITE 401

COCOA BEACH, FL 32931 US COCOA BEACH, FL 32931 US

FEI Number: 59-2834016 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINTON, SHARON CHERYL, KOSER 557 SWEET WATER CT. 1101 S. ATLANTIC AVE.

MELBOURNE, FL 32940 US SUITE 401 COCOA BEACH, FL 32931 US

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: CHERYL KOSER 07/02/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 KOSER, CHERYL
 Name:

 Address:
 1101 S ATLANTIC AVE UNIT 401
 Address:

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: FINTON, SHARON Name: ROBINSON, MARK

Address: 557 SWEET WATER CT. Address: 1101 S. ATLANTIC AVE. SUITE 501
City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: COCOA BEACH, FL 32931

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SCHARFF, HERBERT Name: SCHARFF, HERBERT

Address: 1101 S ATLANTIC AVE UNIT 202 Address: 1101 S ATLANTIC AVE. SUITE 202 City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL KOSER PD 07/02/2006