


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

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 004 ****70.00

DOCUMENT # N11730 1. Entity Name MAR BLEU CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1101 SO ATLANTIC AVE STE 401 COCOA BEACH, FL 32931 US	Mailing Address 1101 SO ATLANTIC AVE. 320 S. 11th. SUITE 401 COCOA BEACH, FL 32931 US
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*New Mailing - 320 South 11th St.
Cocoa Beach, Fla. 32931*
40130185



08102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2834016	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHERYL, KOSER 1101 S. ATLANTIC AVE. SUITE 401 COCOA BEACH, FL 32931	DO NOT WRITE IN THIS SPACE
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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

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSER, CHERYL 1101 S ATLANTIC AVE UNIT 401 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBINSON, MARK 1101 S. ATLANTIC AVE. SUITE 501 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHARFF, HERBERT 1101 S ATLANTIC AVE. SUITE 202 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: MARK W. Robinson *Mark W. Robinson* **8/18/07** **330-264-9983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #