

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11730

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: MAR BLEU CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1101 S. ATLANTIC AVE  
STE 401  
COCOA BEACH, FL 32931 US

## Current Mailing Address:

320 S. 11TH STREET  
COCOA BEACH, FL 32931 US

## New Principal Place of Business:

1101 S. ATLANTIC AVE  
202  
COCOA BEACH, FL 32931 US

## New Mailing Address:

5560 LEHR RD.  
WOOSTER, OH 44691 US

FEI Number: 59-2834016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHERYL, KOSER  
1101 S. ATLANTIC AVE.  
SUITE 401  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

SCHARFF, NORBERT  
765 CARAMBOLA DRIVE  
MERRITT ISLAND, FL 32952 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: NORBERT SCHARFF

03/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KOSER, CHERYL  
Address: 1101 S ATLANTIC AVE UNIT 401  
City-St-Zip: COCOA BEACH, FL 32931

Title: STD ( ) Delete  
Name: ROBINSON, MARK  
Address: 1101 S. ATLANTIC AVE. SUITE 501  
City-St-Zip: COCOA BEACH, FL 32931

Title: VD ( ) Delete  
Name: SCHARFF, NORBERT  
Address: 1101 S ATLANTIC AVE. SUITE 202  
City-St-Zip: COCOA BEACH, FL 32931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHARFF, NORBERT  
Address: 765 CARAMBOLA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD (X) Change ( ) Addition  
Name: ROBINSON, MARK  
Address: 5560 LEHR RD.  
City-St-Zip: WOOSTER, OH 44691

Title: VD (X) Change ( ) Addition  
Name: FINTON, CHRIS  
Address: 1478 RIVERPLACE BLVD. #1508  
City-St-Zip: JACKSONVILLE, FL 32207

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: MARK ROBINSON

STD

03/22/2009

Electronic Signature of Signing Officer or Director

Date