

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18687

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** MARINA BAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8914 S.E. MARINA BAY DRIVE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1769  
HOBE SOUND, FL 334751769 US

**New Mailing Address:**

**FEI Number:** 65-0209941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, JEAN M  
8902 S.E. MARINA BAY DRIVE  
HOBE SOUND, FL 334552955 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: MR  
Name: SANDER, ROBERT PRES  
Address: 8854 SE MARINA BAY DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MS.  
Name: WELLS, JEAN M 1ST VP  
Address: 8902 SE MARINA BAY DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MR  
Name: FLOHR, PETER TRES  
Address: 8890 SE MARINA BAY DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MS  
Name: ROSENBAUM, ELLIE S  
Address: 8908 SE MARINA BAY DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MS  
Name: MALACARNE, JUDY 2VP  
Address: 8896 SE MARINA BAY DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: JEAN M. WELLS

VP

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date