

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90100 036 \*\*\*\*61.25

<b>DOCUMENT # N23077</b>	
1. Entity Name	
MARNOR CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business	Mailing Address
1104 SE 8TH ST . #7 CAPE CORAL FL 33990 US	1104 SE 8TH ST #7 CAPE CORAL FL 33990 US

2. Principal Place of Business	3. Mailing Address
1104 SE 8th street	1104 SE 8th street
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33990	Zip 33990
Country US	Country US



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
65-0016524		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BARRY, ANTHONY 1104 SE 8TH ST #7 CAPE CORAL FL 33990			
7. Name and Address of New Registered Agent			
Name DAISY JAMAICA			
Street Address (P.O. Box Number is Not Acceptable) 1104 SE 8th street			
#5			
City CAPE CORAL		FL Zip Code 33990	

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 Daisy Jamaica, DAISY JAMAICA 4/7/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, MICHAEL 1104 SE 8TH HY CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott Million 1442 Wellington Ct. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARC, LAUERRUE 220 SE 6TH ST CAPE CORAL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jennifer Watson 1104 SE 8th street #7 CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMAICA, DAISY 1104 SE 8TH ST #5 CAPE CORAL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer JAMAICA, DAISY #5 SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSZULINSKI, GEORGE 1314 CAPE CORAL PKWY CAPE CORAL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President ANGEL GONZALEZ 330 SW 25th Ave CAPE CORAL, FL 33991 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENIOR, TERRI P O BOX 113 POINT AU BARIL ONTARIO CAN p0-61k0 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daisy Jamaica, DAISY JAMAICA 4/7/05 (239)574-0654  
Signature and typed or printed name of signing officer or director Date Daytime Phone #