

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90076 046 \*\*\*150.00

<b>DOCUMENT # N23077</b> 1. Entity Name <b>MARNOR CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1104 SE 8TH STREET</b> <b>CAPE CORAL, FL 33990 US</b>		Mailing Address <b>PO BOX 153120</b> <b>CAPE CORAL, FL 33915</b>	
2. Principal Place of Business - No P.O. Box # <b>1104 SE 8th Street</b> Suite, Apt. #, etc. <b>Cape Coral, FL</b> City & State		3. Mailing Address <b>Marnor Condo</b> Suite, Apt. #, etc. <b>PO Box 153120</b> City & State <b>Cape Coral, FL 33915</b>	
Zip <b>33990</b>	Country <b>Lee - USA</b>	Zip <b>33915</b>	Country <b>USA</b>
4. FEI Number <b>65-0016524</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JAMAICA, DAISY</b> <b>1104 SE 8TH ST</b> <b>#5</b> <b>CAPE CORAL, FL 33990</b>		7. Name and Address of New Registered Agent Name <b>Daisy Jamaica</b> Street Address (P.O. Box Number is Not Acceptable) <b>1104 SE 8TH STREET</b> <b>Cape Coral, FL</b> City <b>FL</b> Zip Code <b>33990</b>	
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 <u><i>Daisy Jamaica</i></u> DATE <u>1/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLION, SCOTT 1442 WELLINGTON CT CAPE CORAL, FL 33904 <input 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	S JOSE-BLANCO, MARIE 1104 SE 8TH STREET, #7 CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1104 SE 8th Street</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMAICA, DAISY 2718 NELSON RD N., PO BOX 15766 CAPE CORAL, FL 33915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b> <b>Daisy Jamaica</b> <b>1104 SE 8th Street Apt # 5</b> <b>Cape Coral, FL 33990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ANGEL 330 SW 25TH AVE CAPE CORAL, FL 33991 <input 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 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 type="checkbox"/> Addition
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: <u><i>Daisy Jamaica</i></u> <b>Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/16/08</u> Daytime Phone # <u>(239) 878-7494</u>	