


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90229 015 ****61.25

DOCUMENT # N23894			
1. Entity Name MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business THE CONTINENTAL GROUP FISHER ISLAND, FL 33109 US		Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent POLIAKOFF, GARY 3111 STERLING ROAD FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA, PARESKY	NAME	
STREET ADDRESS	ONE FISHER ISLAND DR	STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, WOLF	NAME	Laura Gould
STREET ADDRESS	ONE FISHER ISLAND DR	STREET ADDRESS	One Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND, FL 33109	CITY-ST-ZIP	Fisher Island, Florida 33109
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELK, KAREN	NAME	Michael Carsch
STREET ADDRESS	ONE FISHER ISLAND DR.	STREET ADDRESS	One Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND, FL 33109	CITY-ST-ZIP	Fisher Island, Florida 33109
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Linda Paresky</i>		Date <i>4/12/06</i> Daytime Phone # <i>3055356238</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0036634** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

566