2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N27085

Entity Name: THE MARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONOMINIUM ASSOCIATION GROUP, INC
PO BOX 47068
ST. PETERSBURG, FL 33743

New Principal Place of Business:

722 PINELLAS BAYWAY
TIERRA VERDE, FL 33715

Current Mailing Address:

C/O CONOMINIUM ASSOCIATION GROUP, INC
PO BOX 47068
ST. PETERSBURG, FL 33743

New Mailing Address:

C/O CONOMINIUM ASSOCIATION GROUP, INC
PO BOX 60068
ST. PETERSBURG, FL 33784

FEI Number: 59-2904183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELTON, RONALD D
5444 PARK BLVD
#101
PINELLAS PARK, FL 33781 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: PD ( ) Delete
Name: BEE, JOHN
Address: 224 4TH AVE NO
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD ( ) Delete
Name: FOX, STEVE
Address: 722 PINELLAS BAY WAY, #102
City-St-Zip: TIERRA VERDE, FL 33715

Title: SD ( ) Delete
Name: JOHNSON, MARK
Address: 722 PINELLAS BAY WAY, #105
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN BEE PD 04/25/2008
Electronic Signature of Signing Officer or Director — Date