



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90031 038 \*\*\*\*61.25

<b>DOCUMENT # N31057</b> 1. Entity Name <b>MARINA COVE AT PALM COAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>310 PALM COAST PKWY P O BOX 352521 PALM COAST, FL 32135-9521</b>			Mailing Address <b>P.O. BOX 352521 PALM COAST, FL 32135</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		03082007 Chg-NP CR2E037 (12/06)  4. FEI Number <b>59-2944036</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BELLAPIANTA, MARC 17 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIPPETTI, PAUL 20 MARINA POINT PLACE PALM COAST, FL 32137	<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	D COLLETTI, VINCENT 52 RIVERS EDGE PALM COAST, FL 32137	<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	SD JONES, JANES 12 MARINA POINT PL PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD April McCaughey 54 Rivers Edge Lane Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JAMES 12 MARINA POINT PLACE PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David Fletcher 109 Captains Walk Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWHIRST, ROGER 36 CAPTAINS WALK PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nicolas DePalma 49 Rivers Edge Lane Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUBANKS, KENNY 26 MARINA POINT PL PALM COAST, FL 32137	<input checked="" 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 reporter 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.					
<b>SIGNATURE:</b> <i>Paul Gippetti - Pres.</i> <span style="float: right;">3/13/07</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					