# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# N31057

**Entity Name:** MARINA COVE AT PALM COAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

310 PALM COAST PKWY
P O BOX 352521
PALM COAST, FL 321359521

**New Principal Place of Business:**

310 PALM COAST PKWY
PALM COAST, FL 321359521 US

**Current Mailing Address:**

P.O. BOX 352521
PALM COAST, FL 32135

**New Mailing Address:**

P.O. BOX 352521
PALM COAST, FL 32135 US

**FEI Number: 59-2944036** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELLAPIANTA, MARC
17 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN
50 LEANNI WAY
SUITE B6
PALM COAST, FL 32137 US

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: MARC BELLAPIANTA 03/24/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GIPPETTI, PAUL
Address: 20 MARINA POINT PLACE
City-St-Zip: PALM COAST, FL 32137

Title: SDTD ( ) Delete
Name: COLLETTIE, VINCENT
Address: 52 RIVERS EDGE
City-St-Zip: PALM COAST, FL 32137

Title: VPD ( ) Delete
Name: MCCAUGHEY, APRIL
Address: 54 RIVERS EDGE LANE
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HOEPPNER, BEATRIZ
Address: 40 CAPTAINS WALK
City-St-Zip: PALM COAST, FL 32137 US

Title: TD (X) Change ( ) Addition
Name: VIVIANO, STEPHEN
Address: 8 VIA CAPRI
City-St-Zip: PALM COAST, FL 32137 US

Title: VPSD (X) Change ( ) Addition
Name: MCCAUGHEY, APRIL
Address: 54 RIVERS EDGE LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: D ( ) Change (X) Addition
Name: FISCHER, MARGARET
Address: 351 KINTNER ROAD
City-St-Zip: KINTNERSVILLE, PA 18930 US

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: BEATRIZ HOEPPNER PD 03/24/2009
Electronic Signature of Signing Officer or Director Date