

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90039 016 ****61.25

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03202007 Chg-NP CR2E037 (12/06)

DOCUMENT # N32357 1. Entity Name ST. MARISSA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6573 MARISSA LOOP NAPLES, FL 34108 US			Mailing Address 6573 MARISSA LOOP NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0119477 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUSINESS SOLUTIONS BUSINESS SOLUTIONS 800 SEAGATE DRIVE SUITE 202 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> FL Zip Code </div>		
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, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	157 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LA RUE, JAMES		NAME	ROCKO MONROE	
STREET ADDRESS	6573 MARISSA LOOP #302		STREET ADDRESS	6573 MARISSA LOOP #1101	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JAMES		NAME	RUTH NESS	
STREET ADDRESS	6573 MARISSA LOOP #1501		STREET ADDRESS	6573 MARISSA LOOP #1603	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, NANCY		NAME	JOSEPH VESPO	
STREET ADDRESS	6573 MARISSA LOOP #903		STREET ADDRESS	6573 MARISSA LOOP #1605	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, KENNETH		NAME		
STREET ADDRESS	6573 MARISSA LOOP PH#3		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D 2VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINISCALCO, GAY		NAME		
STREET ADDRESS	6573 MARISSA LOOP #1005		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, HERBERT		NAME		
STREET ADDRESS	6573 MARISSA LOOP #805		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		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>James Johnson - President</i>			3-20-07 239-592-5311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		