


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90116 001 ****61.25
 03-11-2008 90116 002 *****8.75

DOCUMENT # N34724	
1. Entity Name WHITE MARLIN BEACH PARK ASSOCIATION, INC.	

Principal Place of Business 149 205 NAUTILUS DR ISLAMORADA, FL 33036 US	Mailing Address TRACY BOLESKY 124 VENETIAN DR ISLAMORADA, FL 33036 US
--	--

DO NOT WRITE IN THIS SPACE

66003264



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0170809	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

BOLESKY, TRACY H
 124 VENETIAN DR.
 ISLAMORADA, FL 33036

DO NOT WRITE IN THIS SPACE

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: *Tracy H. Bolesky* Tracy H. Bolesky, Treas. 2-29-08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MOCCHIA, LAWRENCE
STREET ADDRESS	205 NAUTILUS DR
CITY - ST - ZIP	ISLAMORADA, FL 33036
TITLE	TD
NAME	BOLESKY, TRACY
STREET ADDRESS	124 VENETIAN DR
CITY - ST - ZIP	ISLAMORADA, FL 33036
TITLE	SD
NAME	JOHNSON, CLAIRE
STREET ADDRESS	185 NAUTILUS DR
CITY - ST - ZIP	ISLAMORADA, FL 33036
TITLE	PO Tammy Hardy
NAME	149 Nautilus Dr
STREET ADDRESS	Islamorada, FL 33036
CITY - ST - ZIP	
TITLE	VPO Ray Hampson
NAME	75180 O/S Hwy,
STREET ADDRESS	Islamorada, FL 33036
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Tracy H. Bolesky* Tracy H. Bolesky 2-29-08 305-664-4872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #