2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N34724

Entity Name: WHITE MARLIN BEACH PARK ASSOCIATION, INC.

Current Principal Place of Business:

149 NAUTILLUS DR
ISLAMORADA, FL 33036 US

New Principal Place of Business:

124 VENETIAN DRIVE
ISLAMORADA, FL 33036 US

Current Mailing Address:

TRACY BOLESKY
124 VENETIAN DR
ISLAMORADA, FL 33036 US

New Mailing Address:

124 VENETIAN DRIVE
ISLAMORADA, FL 33036 US

FEI Number: 65-0170809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLESKY, TRACY H
124 VENETIAN DR.
ISLAMORADA, FL 33036 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: TD ( ) Delete
Name: BOLESKY, TRACY
Address: 124 VENETIAN DR
City-St-Zip: ISLAMORADA, FL 33036

Title: SD ( ) Delete
Name: JOHNSON, CLAIRE
Address: 185 NAUTIUS DR
City-St-Zip: ISLAMORADA, FL 33036

Title: PD ( ) Delete
Name: HARDY, TAMMY
Address: 149 NAUTILUS DR
City-St-Zip: ISLAMORADA, FL 33036

Title: VPD ( ) Delete
Name: HAMPSON, RAY
Address: 75180 D/S HWY
City-St-Zip: ISLAMORADA, FL 33036

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:

Title: VPD (X) Change ( ) Addition
Name: DORICE, MOCCIA
Address: 149 NATALIUS DRIVE
City-St-Zip: ISLAMORADA, FL 33036

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: TRACY H. BOLESKY TREA 04/28/2009

Electronic Signature of Signing Officer or Director — Date