


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90090 010 \*\*\*\*61.25

<b>DOCUMENT # N39220</b> 1. Entity Name <b>MARINA POINT HARBOR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>500 MARINE PT DR DAYTONA BEACH FL 32114</b>			Mailing Address <b>C/O SOUTHEAST MGMT 3511 S PENINSULA DR DAYTONA BCH FL 32127</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3020837</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HUNT, JAMES SOUTHEAST MANAGEMENT 3511 S PENINSULA DR DAYTONA BEACH FL 32127</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reappointing) DAIF</small>					
<b>FILE NOW: 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	D SAVANT, JOHN 523 MARIANA POINT DR DAYTONA BEACH FL 32114		<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 GINAKES, DENOS 563 MANINA POINT DR DAYTONA BEACH FL 32114		<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 CARACCI, DAVID J 2918 NW CATAWBA RD PORT CLINTON OH 43452		<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 BARFIELD, WILLIAM 621 ROBIN LN APOPKA FL 32703		<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>John Perrozzini 542 Mariana Point Dr. Daytona Beach, FL 32114</i>
TITLE NAME STREET ADDRESS CITY ST- ZIP	D OGLOSBY, THOMAS 101 S HAMLIN CT LONGWOOD FL 32750		<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Gibson Dyke 534 Mariana Point Dr. Daytona Beach, FL 32114</i>
TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Delete		<input 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 Section 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.					
<b>SIGNATURE:</b> <i>James Hunt, R. Agt.</i> 1-18-07 386-761-5733 x24 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					