

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90057 025 ****61.25

DOCUMENT # N43310
 1. Entity Name
CHANNEL MARKER II & SEAVIEW WEST TOWNHOMES BOAT DOCK ASSOCIATION INC.



Principal Place of Business
PO BOX 255
MARY ESTHER, FL 32569 US

Mailing Address
PO BOX 255
MARY ESTHER, FL 32569 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3056103

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GIESLER, DANNY
1691W HWY 98, UNIT 104
MARY ESTHER, FL 32569

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MERSINAS, CONSTANTINE	
STREET ADDRESS	1687 HWY 98 W	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIESLER, DANNY	
STREET ADDRESS	1365 W HWY 198 #402	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRETT, CINDY	
STREET ADDRESS	1691 HWY 98 W UNIT 204	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN HOESEN, WILLIAM	
STREET ADDRESS	1687 HWY 98 W. #3	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burnett, Cindy	
STREET ADDRESS	1691 Hwy 98 W 204	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Cindy Burnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 850-864-3244
Date Daytime Phone #