
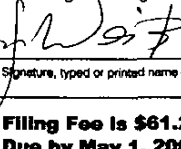
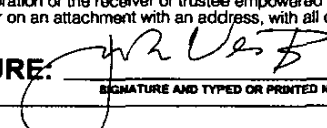


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90024 041 \*\*\*\*61.25

<b>DOCUMENT # N93000001521</b> 1. Entity Name <b>MARA VILLA II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6565 SUPERIOR AVENUE SARASOTA, FL 34231 US</b>			Mailing Address <b>% BARLOW GROUP, INC. 3412 CLARK ROAD, PMB #236 SARASOTA, FL 34231-8406</b>		
2. Principal Place of Business <b>2828 CLARK ROAD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE #7</b>			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>65-0438526</b>	
Zip <b>34231</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARLOW GROUP INC. 6565 SUPERIOR AVENUE SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <b>BARLOW GROUP, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2828 CLARK ROAD, SUITE #7</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</b>		
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  <b>JONE BARLOW WEIST, PRESIDENT, BARLOW GROUP, INC. 03/06/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <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	<b>AS WEIST, JONE B 3412 CLARK ROAD, PMB #236 SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD FREDERICK, JOHN B 3412 CLARK ROAD PMB # 236 SARASOTA, FL 34231</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD GLENN, ROBERT C 3412 CLARK ROAD PMB # 236 SARASOTA, FL 34231</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SCOTT, DANIEL E 3412 CLARK ROAD PMB # 236 SARASOTA, FL 34231</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 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.					
<b>SIGNATURE:</b>  <b>JONE B. WEIST, AS</b> <b>03/06/2006</b> <b>(941) 927-1946</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					