## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002647

FILED Apr 29, 2006 Secretary of State

Entity Name: SEVEN PINES ISLAND MARINA ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RLING : ISLAND CT  VILLE, FL 3222	4 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ISLAND COUR VILLE, FL 3222				
El Number:	: 59-3218148	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KRATSAS, BILL 2420 PINE ISLAND CT. JACKSONVILLE, FL 32224 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
	named entity sue of Florida.	ibmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	V ()[ RUSTY, FISSETT 2336 PINE ISLAN JACKSONVILLE,	ID CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	DT () [ KRATSAS, BILL 2420 PINE ISLAN JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	PD () Delete CURTIN, MICHAEL 2360 PINE ISLAND CT JACKSONVILLE, FL 32224		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete GREGORY, LUNNY 2330 PINE ISLAND COURT JACKSONVILLE, FL 32224		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DS () E PROCTOR, STEV 2304 PINE ISLAN JACKSONVILLE,	ID CT	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL KRATSAS DT 04/29/2006