2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002647

FILED Apr 25, 2007 Secretary of State

Entity Name: SEVEN PINES ISLAND MARINA ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	LING ISLAND CT VILLE, FL 3222	24 US			ISLAND CT VILLE, FL 32224	US
Current Mailing Address:				New Mailing Address:		
	ISLAND COUR VILLE, FL 3222				ISLAND CT VILLE, FL 32224	US
FEI Number:	59-3218148	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Cert	ificate of Status Desired ()
Name and	Address of Cu	urrent Registered Agent:		Name and	Address of New F	Registered Agent:
KRATSAS, BILL 2420 PINE ISLAND CT. JACKSONVILLE, FL 32224 US				CURTIN, MICHAEL 2360 PINE ISLAND CT. JACKSONVILLE, FL 32224 US		
The above in the State	named entity su of Florida.	ubmits this statement for the	purpose o	f changing i	ts registered office	or registered agent, or both,
SIGNATURE: MICHAEL CURTIN						04/25/2007
	Electronic	c Signature of Registered Ag	ent			Date
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES TO	OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	V ()E RUSTY, FISSETT 2336 PINE ISLAN JACKSONVILLE,	ND CT		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition
Title: Name: Address: City-St-Zip:	DT () E KRATSAS, BILL 2420 PINE ISLAN JACKSONVILLE,			Title: Name: Address: City-St-Zip:	DT (X) Chan GARBACZ, BRIAN 14182 PINE ISLAND JACKSONVILLE, FL	
Title: Name: Address: City-St-Zip:	PD () C CURTIN, MICHAE 2360 PINE ISLAN JACKSONVILLE,	ND CT		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition
Title: Name: Address: City-St-Zip:	D () E GREGORY, LUNI 2330 PINE ISLAN JACKSONVILLE,	ND COURT		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition
Title: Name: Address: City-St-Zip:	DS () E PROCTOR, STEV 2304 PINE ISLAN JACKSONVILLE,	ND CT		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition

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: BRIAN GARBACZ DT 04/25/2007