


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90043 038 \*\*\*\*61.25

DOCUMENT # N93000005218					
1. Entity Name MARLIN RUN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US			Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3236781	
6. Name and Address of Current Registered Agent CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.				02172004 Chg-NP CR2E037 (10/03)	
SIGNATURE _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYER, EUGENE		NAME		
STREET ADDRESS	13203 WATKINS RD #27		STREET ADDRESS		
CITY-ST-ZIP	MARYSVILLE, OH 430408865		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEEBERGER, HOWARD		NAME		
STREET ADDRESS	310 ISLAMORADA BLVD #22		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORRANCE, JAMES		NAME		
STREET ADDRESS	202 ISLAMORADA BLVD #10		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, NORMAN		NAME		
STREET ADDRESS	3250 SUGARLOAF KEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIEGLER, CARL		NAME		
STREET ADDRESS	414 GASPAS KEY LANE #30		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Date: 3/23/04 (941) 505-8299		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		