## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N93000005218**

1. Entity Name
MARLIN RUN CONDOMINIUM ASSOCIATION, INC



**FILED** Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90218 043 \*\*\*\*61.25

	(ON COMPONIATION / 1000	,						
Principal Place of Business C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3		Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831			20043007			
CAPE CORAL	, FL 33904 US	CAPE CORAL, FL 33910	US					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282005	Chg-NP	CR2E037 (10/03	3)	
City & State		City & State		4. FEI Number 59-3236	781		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	□ \$8.75	Additional	
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New Re	gistered Agent		
CAMPRE	1 PHHTP		Name C	Jeorge T	eaque			
CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342-9E 46TH LANE #3		Street Address		ress (P.O. Box Number	Coccie COII.			
CAPE CORAL, FL 33904		82		32712 Coll	70 College PKWY #103			
		•	City	t Muers	3	FL Zip C	3919	
	named entity submits this statement for	the purpose of changing its re	gistered office or re		, in the State of Flor	ida. I am familiar w	ith, and accept	
the obligat	ions of registered agent.		0			31 6		
SIGNATURE				· .		21/05		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee Is \$61.25  Due by May 1, 2005  9. Election Campaign Final Trust Fund Contribution								
	Due by May 1, 2005	Trust Fund Cor		\$5.00 May Be Added to Fees		ke check payabl da Department o		
10.	Due by May 1, 2005 OFFICERS AND DIR	Trust Fund Cor	11.	Added to Fees ADDITIONS/CHAI	, Florie	da Department of S AND DIRECTORS	State	
10. TITLE NAME	Due by May 1, 2005	Trust Fund Cor	11.	Added to Fees	Florio NGES TO OFFICER	da Department o	State	
TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD SCHNEEBERGER, HOWARD 310 ISLAMORADA BLVD #22	Trust Fund Cor	11. TIFE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHAI Secretary Beverly Rex 425 Gaspar	NGES TO OFFICER	S AND DIRECTORS	State	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	Due by May 1, 2005  OFFICERS AND DIR  PD  SCHNEEBERGER, HOWARD 310 ISLAMORADA BLVD #22 PUNTA GORDA, FL 33955	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHAI SECRETARY BENERITY REK	NGES TO OFFICER	da Department of S AND DIRECTORS  Change #54 3955	S IN 10 pe Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SCHNEEBERGER, HOWARD 310 ISLAMORADA BLVD #22 PUNTA GORDA, FL 33955 SD DORRANCE, JAMES 202 ISLAMORADA BLVD #10	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHAI Secretary Beverly Rex 425 Gaspar	NGES TO OFFICER	da Department of S AND DIRECTORS  Change #54 3955	S IN 10 ge Addition	
NAME STREET ADDRESS CITY-S1-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005  OFFICERS AND DIR  PD SCHNEEBERGER, HOWARD 310 ISLAMORADA BLVD #22 PUNTA GORDA, FL 33955  SD DORRANCE, JAMES 202 ISLAMORADA BLVD #10 PUNTA GORDA, FL 33955	Trust Fund Cor	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Added to Fees ADDITIONS/CHAI Secretary Beverly Rex 425 Gaspar	NGES TO OFFICER	da Department of S AND DIRECTORS  Changes 454  3955	S IN 10  Pe Addition  Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #