


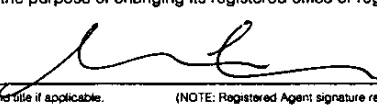
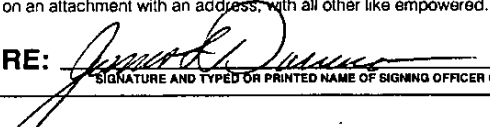
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90218 043 ****61.25

20043007



DOCUMENT # N9300005218			
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
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 <u>George Teague</u> Street Address (P.O. Box Number is Not Acceptable) <u>Professionally Yours, Inc.</u> <u>8270 College Pkwy #103</u> City <u>Ft Myers</u> <u>FL</u> Zip Code <u>33919</u>	
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 		DATE <u>3/21/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEEBERGER, HOWARD 310 ISLAMORADA BLVD #22 PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Beverly Bekery 425 Gaspar Key Lane #54 Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORRANCE, JAMES 202 ISLAMORADA BLVD #10 PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVELACE, NORMAN 3250 SUGARLOAF KEY ROAD PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD GIEGLER, CARL 414 GASPAR KEY LANE #30 PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Susan Mann 422 Gaspar Key Lane #33 Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, JOHN 210 ISLAMORADA BLVD., #15 PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u>4/5/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	