
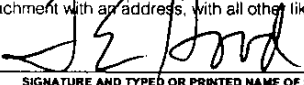


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90048 007 \*\*\*\*61.25

DOCUMENT # N96000000532			
1. Entity Name MARLIN RUN II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PO BOX 51240 PUNTA GORDA, FL 33951		Mailing Address PO BOX 512140 PUNTA GORDA, FL 33951-2140	
2. Principal Place of Business - No P.O. Box # 500 Islamorada Blvd		3. Mailing Address 6025 Taylor Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2	
City & State Punta Gorda, FL		City & State Punta Gorda FL	
Zip 33955		Zip 33950	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD #2 PUNTA GORDA, FL 33950		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 ROONEY, JAMES 504 ISLAMORAD BLVD PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Thomas Hood 539 Islamorada Blvd. Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEVERSEN, DICK 530 ISLAMORADA BLVD PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sen. Advisors <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ALEXANDER, MIKE 3449 CHESTNUT HILL RD LEXINGTON, KY 40509 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Henry Konstanty 524 Islamorada Blvd. Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" 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
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
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 exemptions contained 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 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: 1-14-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40004310



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3431185 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required