

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 27, 2009
Secretary of State

DOCUMENT# N96000001584

Entity Name: MARINA VILLAGE TOWNHOUSE ASSOC., INC.**Current Principal Place of Business:**695 MASHES SANDS RD.
PANACEA, FL 32346**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 995
PANACEA, FL 32346**New Mailing Address:****FEI Number:** 59-3464321**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAURA J. ROCCO
621 PINE STREET
ALLIGATOR POINT, FL 32346 US**Name and Address of New Registered Agent:**FUDULOFF, MIKE
6451 OX BOW CT
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: MIKE FUDULOFF

07/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: PETER, ROSSI
Address: 274 NEW LEAF ROAD
City-St-Zip: LAMONT, FL 32336**Title:** VPT () Delete
Name: TOM, OLK
Address: 3333 W. PENSACOLA ST., STE.30
City-St-Zip: TALLAHASSEE, FL 32304**Title:** S () Delete
Name: BARBARA, HERRING
Address: 601 N. ST. AUGUSTINE RD.
City-St-Zip: VALDOSTA, GA 31601**Title:** T () Delete
Name: DOUGLAS, MONOHAN
Address: 1150 RIVEN LAUREL DRIVE
City-St-Zip: SUWANEE, GA 30024**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PT (X) Change () Addition
Name: ROSSI, PETER
Address: 274 NEW LEAF ROAD
City-St-Zip: LAMONT, FL 32336**Title:** VPT (X) Change () Addition
Name: OLK, TOM
Address: 3333 W. PENSACOLA ST., STE.30
City-St-Zip: TALLAHASSEE, FL 32304**Title:** S (X) Change () Addition
Name: HERRING, BARBARA
Address: 601 N. ST. AUGUSTINE RD.
City-St-Zip: VALDOSTA, GA 31601**Title:** T (X) Change () Addition
Name: FUDULOFF, MIKE
Address: 6451 OX BOW CT
City-St-Zip: TALLAHASSEE, FL 32312

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: MIKE FUDULOFF

T

07/27/2009

Electronic Signature of Signing Officer or Director

Date