

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90063 049 ****61.25



DOCUMENT # N96000004744
 1. Entity Name
MARLIN RUN III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
PROFESSIONALLY YOURS, INC
2517 SANTA BARBARA BLVD #11
CAPE CORAL, FL 33914 US

Mailing Address
C/O PROFESSIONALLY YOURS, INC
PO BOX 100831
CAPE CORAL, FL 33910 US



2. Principal Place of Business - No P.O. Box #
Matecumbe Key Rd.

3. Mailing Address
 Suite, Apt. #, etc. _____

02142007 Chg-NP CR2E037 (12/06)

City & State
Punta Gorda, FL

City & State

4. FEI Number
59-3431187

Applied For
 Not Applicable

Zip
33955

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent
TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.
8270 COLLEGE PKWY, # 103
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name
 Street Address (P O Box Number is Not Acceptable)
2503 Del Prado blvd #500
 City **Cape Coral** FL Zip Code **33904**

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 _____
 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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	ST GUTMANN, MARGARET 2031 MATECUMBE KEY ROAD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANA, ROBERT ZUM TENNENBACK 15 UTTENREUTH, GERMANY, d91080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, J THOMAS 10750 BENTLEY PASS LN LOVELAND, OH 45140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	VP Robert Taud	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 empowerment

SIGNATURE: *M. Gutmann* MARGARET GUTMANN 3/16/07 94525984
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #