

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N97000001074**

**1. Entity Name**  
**VIA MARINA HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**  
**248 VENETIAN DRIVE**  
**DELRAY BEACH, FL 33483 US**

**Mailing Address**  
**248 VENETIAN DRIVE**  
**DELRAY BEACH, FL 33483 US**



01082006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3500174**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**WARNER, KEVIN P**  
**248 VENETIAN DR.**  
**DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>
<b>NAME</b>	<b>WARNER, KEVIN P</b>
<b>STREET ADDRESS</b>	<b>248 VENETIAN DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>DELRAY BEACH, FL 33483</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>KNEAFSEY, JACK</b>
<b>STREET ADDRESS</b>	<b>252 VENETIAN DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>DELRAY BEACH, FL 33483</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>SCHUMANN, MARK</b>
<b>STREET ADDRESS</b>	<b>246 VENETIAN DR</b>
<b>CITY - ST - ZIP</b>	<b>DELRAY BEACH, FL 33483</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

01082006 59-3500174  
01/20/06-80059-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Signature of Kevin P. Warner*  
**KEVIN P. WARNER**

**Date**

**Daytime Phone #**

**561-266-8810**  
**1-14-06**