# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2008**
**Secretary of State**

DOCUMENT# N97000003167

**Entity Name:** MARINA COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR SUITE 206
NAPLES, FL 341031900

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DRIVE #206
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number: 59-3458111** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MANAGEMENT CO.
1044 CASTELO DRIVE #206
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: EITEL, ROBERT
Address: 5065 YACHT HARBOR DR #103
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: ALLISON, ALBERT
Address: 5085 YACHT HARBOR DR., 103
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete
Name: DUFFY, SEAN
Address: 5040 YACHT HARBOR DR #101
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: COLE, HOWARD
Address: 5080 YACHT HARBOR CIRCLE #201
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: PATA, ROBERT A
Address: 5020 MARINA COVE DRIVE #203
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT EITEL P 04/17/2008

Electronic Signature of Signing Officer or Director — Date