## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004237

FILED Mar 08, 2008 Secretary of State

Entity Name: MARINA VIEW OF GOLDEN GATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

660 GOLDEN GATE POINT 660 GOLDEN GATE POINT

#22 #22

SARASOTA, FL 34236 SARASOTA, FL 34236 US

Current Mailing Address: New Mailing Address:

660 GOLDEN GATE POINT 660 GOLDEN GATE POINT

#22

SARASOTA, FL 34236 US

FEI Number: 65-0770711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DENTS, JOHN DENT, JOHN

660 GOLDEN GATE PT. 660 GOLDEN GATE POINT SARASOTA, FL 34236 US #61

SARASOTA, FL 34236 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: JOHN DENT 03/08/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: VD () Delete Title: DP (X) Change () Addition

Name: DENT, JOHN C Name: DENT, JOHN C
Address: 660 GOLDEN GATE POINT #61

Address: 660 GOLDEN GATE POINT Address: 660 GOLDEN GATE POINT #6
City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 US

Title: P ( ) Delete Title: DV (X) Change ( ) Addition

Name: MICHEL, WILLIAM Name: MICHEL, WILLIAM

Address: 660 GOLDEN GATE POINT Address: 660 GOLDEN GATE POINT #31
City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 US

 $\label{eq:title: S () Delete Title: D (X) Change () Addition} \end{minipage}$ 

Name:WOLFE, LINDAName:WORTH, JR., ROY LAddress:660 GOLDEN GATE PT.Address:660 GOLDEN GATE POINT #42

Address: 660 GOLDEN GATE PT: Address: 660 GOLDEN GATE POINTS
City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 US

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: MARTIN TUTTLE CAM 03/08/2008