2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90031 036 ****61.25

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1. Entity Name
MARINA ISLES HOMEOWNERS ASSOCIATION, INC.

40005533

Principal Place of Business	Mailing Address
2625 N HARBOR CITY BLVD STE 2 MELBOURNE, FL 32935	2625 N HARBOR CITY BLVD STE 2 MELBOURNE, FL 32935

01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3448562
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND, WILLIAM J
37 MARINA ISLES BLVD
INDIAN HARBOR BEACH, FL 32937

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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 _____ MICHAEL SILVERSTEIN (PRES) 1/14/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLAND, WILLIAM J
STREET ADDRESS	37 MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937
TITLE	VD
NAME	O'NEAL, RANDY
STREET ADDRESS	27 MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	STD
NAME	SCHWARTZ, HENRY
STREET ADDRESS	41 MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	PD
NAME	MICHAEL SILVERSTEIN
STREET ADDRESS	16-A MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937
TITLE	VD
NAME	BRANDON ATKINS
STREET ADDRESS	44 MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937
TITLE	STD
NAME	EDWARD VINCENT
STREET ADDRESS	16-B MARINA ISLES BLVD
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ MICHAEL SILVERSTEIN 1/14/05 (321) 777 3679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #