2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007199

FILED Feb 02, 2006 Secretary of State

Entity Name: MARINA MANOR ASSOCIATION INC.

cipal Place	of Business:	New Principal Place	of Rusiness
R DRIVE		New Principal Place of Business:	
L 33809			
Current Mailing Address:		New Mailing Address:	
R DRIVE FL 33809			
-3300876	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
dress of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
R DRIVE FL 33809	US	ourpose of changing its registere	ed office or registered agent, or both,
Florida.			
Electronic	c Signature of Registered Age	ent	 Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
HOMPSON, MIC 545 HARBOR D	CHAEL W PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
OTE, PHILIP 438 HARBOR D	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
UMBAUER, ME 322 HARBOR D	ELISSA PRIVE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition
		Title: Name: Address:	() Change () Addition
	R DRIVE EL 33809 3300876 Idress of Cu MICHAEL W R DRIVE EL 33809 med entity su Florida. Electronic ND DIRECT D () II HOMPSON, MIC 645 HARBOR D AKELAND, FL D () II OTE, PHILIP 138 HARBOR D AKELAND, FL D () II OTE, PHILIP 138 HARBOR D AKELAND, FL D () II OTE, PHILIP 138 HARBOR D AKELAND, FL D () II OTE, PHILIP 138 HARBOR D AKELAND, FL	R DRIVE EL 33809 3300876 FEI Number Applied For () Idress of Current Registered Agent: MICHAEL W R DRIVE EL 33809 US med entity submits this statement for the provide fo	R DRIVE FL 33809 3300876 FEI Number Applied For () FEI Number Not Applicable () Iddress of Current Registered Agent: MICHAEL W R DRIVE FL 33809 US med entity submits this statement for the purpose of changing its registere Florida. Electronic Signature of Registered Agent ND DIRECTORS: ADDITIONS/CHANG Title: Name: HOMPSON, MICHAEL W HOMPSON, MICHAEL W HOMPSON, MICHAEL W HAGE HARBOR DRIVE AKELAND, FL 33809 ACC (ity-St-Zip: DO () Delete DOTE, PHILIP HARBOR DRIVE HARBOR DRI

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL W. THOMPSON PD 02/02/2006