

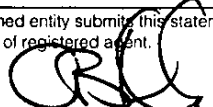
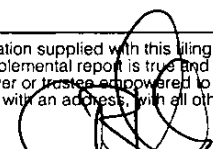


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90028 031 ****61.25

DOCUMENT # N99000005668					
1. Entity Name MARINA GARDENS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2417 SE DIXIE HIGHWAY STUART, FL 34996			Mailing Address 2417 SE DIXIE HIGHWAY STUART, FL 34996		
2. Principal Place of Business - No P.O. Box # 275 TONEY PENNA DRIVE		3. Mailing Address 275 TONEY PENNA DRIVE			
Suite, Apt. #, etc. 7		Suite, Apt. #, etc. 7		03222007 Chg-NP CR2E037 (12/06)	
City & State JUPITER, FL		City & State JUPITER, FL		4. FEI Number 65-0982044	
Zip 33458		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDS, GARY D ESQ ADMIRALTY TOWER, 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name: CRAIG KUNKLE Street Address (P.O. Box Number is Not Acceptable): C/O SUNRISE COMPANIES 275 TONEY PENNA DRIVE #7 City: JUPITER FL Zip Code: 33458		
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: 		C.B. Kunkle		4-28-07	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME DEGASPERIS, SIRO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Addition	
STREET ADDRESS 15 MARINA GARDENS DRIVE	PALM BEACH GARDENS, FL 33410		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VD	NAME LYSAKER, EARL	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19 MARINA GARDENS DRIVE	PALM BEACH GARDENS, FL 33410		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	NAME HEDGES, LYNDIA	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 56 MARINA GARDENS DRIVE	PALM BEACH GARDENS, FL 33410		STREET ADDRESS Lyndia Hedges		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE TD	NAME PEREZ, ANGELA	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS 36 MARINA GARDENS DRIVE	PALM BEACH GARDENS, FL 33410		STREET ADDRESS BUD WAGNER		
CITY-ST-ZIP			CITY-ST-ZIP 52 MARINA GARDENS DR P.B.G., FL 33410		
TITLE D	NAME MILLER, RUSSELL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 44 MARINA GARDENS DRIVE	PALM BEACH GARDENS, FL 33410		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME MAX FRICKER		
STREET ADDRESS			STREET ADDRESS 14 MARINA GARDENS DR.		
CITY-ST-ZIP			CITY-ST-ZIP P.B.G., FL 33410		
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: 		C.B. Kunkle		4-28-07	
Signature and typed or printed name of signing officer or director				Date	
				Daytime Phone #	

561-525-7792