

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 22 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 Chg-P CR2E034 (10/03) *MRD*

DOCUMENT # V51150			
1. Entity Name MARINA LANDING, INC.			
Principal Place of Business 6315 WESTGATE DR. ORLANDO, FL 32811 US		Mailing Address 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3133567		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORP. SERV. OF CENTRAL FL., INC. 390 N ORANGE AVENUE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DAVID C II 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, II, C. DAVID ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSAF, ASSAF H 7575 DR. PHILLIPS BLVD, STE. 305 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200047931372 03/08/05--01025--025 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLIGOOD, RANDAL M 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, HOLLY 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POPE, SALEESA M. 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, 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: <i>C. David Brown, II</i>		Date: 407-839-4200 Daytime Phone #	