

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718918

Entity Name: MARLIN APARTMENTS CONDOMINIUM, INC.**Current Principal Place of Business:**22 TULIP AVENUE APT. 311
COCOA BEACH, FL 32931**Current Mailing Address:**22 TULIP AVENUE APT. 311
COCOA BEACH, FL 32931**FEI Number:** 59-1402146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACDONALD, CINDY J
22 TULIP AVENUE
311
COCOA BEACH, FL 32931 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT
Name CHRISTENSEN, CHRIS
Address 2650 W SENECA TPKE
City-State-Zip: MARCELLUS NY 13108Title SEC/TREA
Name STORM, SHIRLEY
Address 903 LEVITT PKWY
City-State-Zip: ROCKLEDGE FL 32955Title DIRECTOR
Name MCNAMARA, DAVID
Address 3018 CLEMWOOD DR
City-State-Zip: ORLANDO FL 32803Title VP
Name JOHNSON, JOHN
Address 1811 HACIENDA DR
City-State-Zip: STEVENSVILLE MI 49127Title DIRECTOR
Name AUSTRUP, CARMEN
Address 22 TULIP AVENUE APT. 311
City-State-Zip: COCOA BEACH FL 32931

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY STORM

SEC/TRE

03/31/2019

Electronic Signature of Signing Officer/Director Detail_____
Date