

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000559

**Entity Name:** STOCK ISLAND MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED  
Jun 04, 2020  
Secretary of State  
3129031007CC**

**Current Principal Place of Business:**

7009 SHRIMP RD., STE. #4  
KEY WEST, FL 33040

**Current Mailing Address:**

7009 SHRIMP RD., STE. #4  
KEY WEST, FL 33040 US

**FEI Number: 81-4711614**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRUNK, MATTHEW  
7009 SHRIMP RD., STE. #4  
KEY WEST, FL 33040 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 P/D  
Name FOSS, DONALD  
Address 29777 TELEGRAPH ROAD, SUITE 2611  
City-State-Zip: SOUTHFIELD MI 48034

Title VP/D  
Name STRUNK, MATTHEW  
Address 7009 SHRIMP RD., STE. #4  
City-State-Zip: KEY WEST FL 33040

Title S/T  
Name RAYMOND, MICHAEL  
Address 2600 BIG BEAVER RD., STE. 300  
City-State-Zip: TROY MI 48084

Title D  
Name RAYMOND, MICHAEL  
Address 2600 BIG BEAVER RD., STE. 300  
City-State-Zip: TROY MI 48084

*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: MICHAEL RAYMOND**

**SECRETARY**

**06/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date