

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90055 002 ****61.25

DOCUMENT # 709211

1. Entity Name

MARINA HARBOUR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

68 YACHT CLUB DRIVE
 NORTH PALM BEACH FL 33408-0934

68 YACHT CLUB DRIVE
 NORTH PALM BEACH FLA 33408-3993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2204270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCCLELLAN, NANCY
 68 YACHT CLUB DR #17
 NORTH PALM BEACH FL 33408~~

Name **KENNETH F. KNIGHT**
 Street Address (P.O. Box Number is Not Acceptable)
68 YACHT CLUB DR #4
 City **N. PALM BEACH FL** Zip Code **33408**

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.

SIGNATURE

Kenneth F. Knight

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLELLAN, NANCY 68 YACHT CLUB DR #17 N PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAIN, MIKE 68 YACHT CLUB DR #23 NORTH PALM BEACH FL 33408-3934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDITO, CHARLES 68 YACHT CLUB DR #5 N PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLIAMS, RENA 304 GOLFVIEW RD #503 NORTH PALM BEACH FL 33408-3520	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GALANTI, BARBARA 68 YACHT CLUB DR #22 NORTH PALM BEACH FL 33408-3934	<input type="checkbox"/> Delete Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT 68 YACHT CLUB DR #7 NORTH PALM BEACH FL 33408-3934	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNETH F. KNIGHT 68 YACHT CLUB DR #4 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON BARLOW 68 YACHT CLUB DR #8 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILDRED KNIGHT 68 YACHT CLUB DR #4 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALANTI, BARBARA 68 YACHT CLUB DR #22 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, ROBERT 68 YACHT CLUB DR #7 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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 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:

Kenneth F. Knight Kenneth F. KNIGHT 4/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #