2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # 723481 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** GULF MARINER CONDOMINIUM ASSOCIATION, INC. 03-04-2000 90061 025 ****61.25 Principal Place of Business Mailing Address 5901 SUN BLVD., SUITE 203 5901 SUN BLVD., SUITE 203 ST PETERSBURG FL 33715-1161 ST PETERSBURG FL 33715 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 59-1441559 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEWTON, WILLIAM, C % PROFESSIONAL BAYWAY MANAGEMENT 5901 SUN BLVD., SUITE 203 Zip Code FI ST PETERSBURG FL 33715 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) the second way the second ್ಷ ಬ್ಲಾಜ್ ಸ್ಟ್ರಾಪ್ ಸ್ಟ್ರಿಸ್ ನೇ ಬ 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Addition TITLE ☐ Delete NAME NAME SIERRA, OSCAR STREET ADDRESS STREET ADDRESS 5901 SUN BLVD 203 CITY-ST-ZIP CITY-ST-ZIP ST PETE FL: 33715 Delete Addition ☐ Change TITLE TITLE. Babcock, Aaron NAME DAŁKE, KARL NAME 5901 Sun Blvd. #203 STREET ADDRESS STREET ADDRESS 5901 SUN BLVD 203 St. Petersburg, F1 33715 CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33715 VP/TR TITLE VΡ ☐ Delete TITLE > Change ■ Addition GONZALEZ, RON Gonzalez, Ron NAME NAME STREET ADDRESS STREET ADDRESS 5901 Sun Blvd. #203 5901 SUN BLVD 203 CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, F1 33715 ST PETE FL 33715 ☐ Delete TITLE X Change ☐ Addition TITLE NAME NAME JOHNSON, HAROLD Johnson, Harold STREET ADDRESS STREET ADDRESS 5901 SUN BLV., #203 5901 Sun Blvd. #203 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33715 St. Petersburg, FL 33715 ☐ Delete TITLE Tr Change ☐ Addition TITLE NAME ALLISON, FRANK NAME Allison, Frank STREET ADDRESS STREET ADDRESS 5901 SUN BLVD 203 5901 Sun Blvd. #203 CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33715 Peters Burg, F1 33715 X Delete TITLE Change Addition TITLE CAKOUROS, GEORGE NAME NAME Jones, Alan STREET ADDRESS STREET ADDRESS 5901 SUN BLVD., STE 203 5901 Sun Blvd. #203 CITY-ST-ZIP CITY-ST-ZIP 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