


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90135 038 \*\*\*\*61.25

**DOCUMENT # 746801**  
1. Entity Name  
**MARINA SOUTH SHORE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3200 SOUTH SHORE DRIVE  
PUNTA GORDA FL 33955**

Mailing Address  
**3200 SOUTH SHORE DRIVE  
PUNTA GORDA FL 33955**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2000787**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WHITE, ALAN**  
**15510 BURNT STORE ROAD**  
**PUNTA GORDA FL 33955**

**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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MACINTOSH, DAVID</b> <input type="checkbox"/> Delete <b>3270-71A SOUTH SHORE DRIVE PUNTA GORDA FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WOOD, CHARLES</b> <input type="checkbox"/> Delete <b>3230-33A SOUTH SHORE DRIVE PUNTA GORDA FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CLAUSEN, ROGER</b> <input type="checkbox"/> Delete <b>3250-56A SOUTH SHORE DRIVE PUNTA GORDA FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WALKER, JOSEPH C</b> <input type="checkbox"/> Delete <b>3280-87B SOUTH SHORE DRIVE PUNTA GORDA FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARDIN, CECIL</b> <input checked="" type="checkbox"/> Delete <b>3280-82C SOUTH SHORE DRIVE PUNTA GORDA FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAPNER, SKIP</b> <input type="checkbox"/> Delete <b>3260-64C SOUTH SHORE DRIVE PUNTA GORDA FL 33955</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLOMB LOUISE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3260 63C SOUTH SHORE DRIVE PUNTA GORDA, FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_  
SIGNATURE REQUIRED

3/17/03

CR2E037 (10/02)