

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90669 024 ****61.25

DOCUMENT # 752175

1. Entity Name

MARINA DEL REY UNIT B ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**101-179
CLEARWATER FL 33767
US**

**100 CLEVELAND AVENUE S.W.
LARGO FL 34640
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7300 PARK ST

City & State

City & State

SEMINOLE, FL

Zip

Country

Zip

Country

33777

USA

4. FEI Number **59-2169073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINHART, ROBERT
RESOURCES MANAGEMENT
100 CLEVELAND AVENUE SW
LARGO FL 34640**

Name

DOROTHY THOMAS

Street Address (P.O. Box Number is Not Acceptable)

610 RESOURCE PROPERTY MGMT.

7300 PARK ST.

City

SEMINOLE

FL

Zip Code

33777

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 *Dorothy Thomas*

DOROTHY THOMAS

2/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **ENGLERT, NORMAN** ☐ Delete
STREET ADDRESS **140 MARINA DEL REY CT**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD**
NAME **TRACINSKI, JOHN** ☐ Delete
STREET ADDRESS **165 MARINA DEL REY CT**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **DONAHUE, VIRGINIA** ☒ Delete
STREET ADDRESS **101 MARINA DEL RAY CT**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **S/D**
NAME **BRUNST, VICTOR** ☐ Change ☒ Addition
STREET ADDRESS **109 MARINA DEL REY COURT**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **SD**
NAME **SWIFT, LARRY** ☒ Delete
STREET ADDRESS **115 MARINA DEL REY CT**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **TD**
NAME **LAUDER, ANNE** ☐ Change ☒ Addition
STREET ADDRESS **139 MARINA DEL REY COURT**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **TD**
NAME **MAYNARD, GORDON** ☒ Delete
STREET ADDRESS **119 MARINA DEL REY CT**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D**
NAME **PARTRIDGE, DIANE** ☐ Change ☒ Addition
STREET ADDRESS **115 MARINA DEL REY COURT**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NORMAN ENGLERT

NORMAN ENGLERT PRES

727-581-2662

CR2E037 (10/02)