

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90159 038 \*\*\*\*61.25

**DOCUMENT # 752930**

1. Entity Name

**MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business 3438 EAST LAKE RD #22 PALM HARBOR FL 34685 US	Mailing Address 3438 EAST LAKE RD #22 PALM HARBOR FL 34685-2413 US
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2. Principal Place of Business 3440 EAST LAKE RD	3. Mailing Address 3440 EAST LAKE RD
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Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc. SUITE 106
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City & State PALM HARBOR FL	City & State PALM HARBOR FL
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Zip 34685	Country PINELLAS	Zip 34685	Country PINELLAS
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4. FEI Number 59-3062156	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOLAN, JAMES M**  
**3438 EAST LAKE RD**  
**#22**  
**PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name  
**JAMES M NOLAN**

Street Address (P.O. Box Number is Not Acceptable)  
**3440 EAST LAKE RD**

**SUITE 106**

City  
**PALM HARBOR FL**

Zip Code  
**FL 34685**

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)

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANE SHULMAN 2060 MARILYN ST CLEARWATER FL 33765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUCHS, ROBERT 2492 LAURELWOOD DR CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMEYER, VERA 2060 MARILYN ST CLEARWATER FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMBATARO, CARL 2060 MARILYN ST CLEARWATER FL 33765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIS-DUNCAN, LOLA 2060 MARILYN ST CLEARWATER FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARION R 2060 MARILYN ST CLEARWATER FL 33765	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARION 2060 MARILYN STREET #102 CLEARWATER FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NABOZNY, BERNARD 223 ISLAND WAY CLEARWATER FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUCHS, ROBERT 2492 LAURELWOOD DRIVE CLEARWATER FL 33763	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIS-DUNCAN, LOLA 2060 MARILYN STREET #110 CLEARWATER FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMEYER, VERA 2060 MARILYN STREET #212 CLEARWATER FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Vera Neumeyer **SIGNATURE REQUIRED** 4-28-00 727-785-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/99)