

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90006 049 ****61.25

001064

DOCUMENT # 752930

1. Entity Name
MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, IN

Principal Place of Business ³⁴⁴⁰ 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR FL 34685 US	Mailing Address ³⁴⁴⁰ 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR FL 34685 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3062156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOLAN, JAMES M
 3440 EAST LAKE RD
 SUITE 106
 PALM HARBOR FL 34685**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** **1-23-01 (727) 785-8887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)