

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90066 028 ****61.25

DOCUMENT # 752930 1. Entity Name MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR, FL 34685 US		Mailing Address 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR, FL 34685 US	
2. Principal Place of Business 4174 Woodlands Pkwy Suite, Apt. #, etc.		3. Mailing Address 4174 Woodlands Pkwy Suite, Apt. #, etc.	
City & State Palm Harbor, FL Zip 34685		City & State Palm Harbor, FL Zip 34685	
Country Pinellas		Country Pinellas	
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 First Choice Association Management Street Address (P.O. Box Number is Not Acceptable) 4174 Woodlands Pkwy City Palm Harbor FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE James M Nolan <i>James M Nolan</i> 3/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME SAMBATARO, CARL STREET ADDRESS 2060 MARILYN ST., #108 CITY-ST-ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE PD NAME Feaser, Richard STREET ADDRESS 2060 Marilyn St #115 CITY-ST-ZIP Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME BECKFORD, MAE STREET ADDRESS 2060 MARILYN STREET 117 CITY-ST-ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE VPD NAME Rabon, Roberta STREET ADDRESS 2060 Marilyn St #210 CITY-ST-ZIP Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SCOTT, PAT STREET ADDRESS 2060 MARILYN STREET 116 CITY-ST-ZIP CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Fisher, Peter STREET ADDRESS 2060 Marilyn St #205 CITY-ST-ZIP Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MILLER, MARION R STREET ADDRESS 2060 MARILYN ST CITY-ST-ZIP CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE D NAME Capone, Peter STREET ADDRESS 2060 Marilyn St #207 CITY-ST-ZIP Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME MARION, MILLER STREET ADDRESS 2060 MARILYN ST., #102 CITY-ST-ZIP CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE D NAME Neumeyer, Vera STREET ADDRESS 2060 Marilyn St #212 CITY-ST-ZIP Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME DUNCAN, LOLA STREET ADDRESS 2060 MARILYN ST., #110 CITY-ST-ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE D NAME Beckford, Mae STREET ADDRESS 2060 Marilyn St #117 CITY-ST-ZIP Clearwater, FL 33765	<input checked="" 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 517, 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: Lola M. Duncan <i>Lola M Duncan</i> 3/11/04 (727) 442-9270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			