

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90098 005 \*\*\*\*61.25

<b>DOCUMENT # 752930</b> 1. Entity Name <b>MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US</b>			Mailing Address <b>4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3062156</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director Duncan, Lola 2060 Marilyn St #110 Clearwater, FL 33765</i>	
NAME	SAMBATARO, CARL		NAME	<i>Carl Sambataro 2060 Marilyn St #110 Clearwater, FL 33765</i>	
STREET ADDRESS	2060 MARILYN ST., #108		STREET ADDRESS	<i>2060 Marilyn St #110 Clearwater, FL 33765</i>	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	<i>Clearwater FL 33765</i>	
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director Carl Sambataro 2060 Marilyn St #110 Clearwater, FL 33765</i>	
NAME	BECKFORD, MAE		NAME	<i>Carl Sambataro 2060 Marilyn St #110 Clearwater, FL 33765</i>	
STREET ADDRESS	2060 MARILYN STREET 117		STREET ADDRESS	<i>2060 Marilyn St #110 Clearwater, FL 33765</i>	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	<i>Clearwater FL 33765</i>	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEASER, RICHARD		NAME		
STREET ADDRESS	2060 MARILYN ST. # 115		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABON, ROBERTA		NAME		
STREET ADDRESS	2060 MARILYN ST # 210		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, PETER		NAME		
STREET ADDRESS	2060 MARILYN ST # 205		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, LOLA		NAME		
STREET ADDRESS	2060 MARILYN ST., #110		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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