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

DOCUMENT # 752930

MARILYN PINES LINIT I CONDOMINIUM ASSOCIATION, IN



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90735 025 ****61.25

C.		TE						
Principal Place of Business Mailin		Mailing Address	1					
4174 Woodlands Parkway		4174 Woodlands Parkway				, ,		
PALM HARBOR FL 34685 US		PALM HARBOR FL 34685 US) (###))) (###) (######################			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3062156		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		B.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
NOLAN, 4174 Wo	JAMES M podlands Parkway		Street Address (P.O. Box Number is Not Accepta					
,					····			
PALM HA	ARBOR FL 34685		City			FL	Zip Code	
	named entity submits this statement for	the purpose of changing its reg	istered office or	registere	ed agent, or both, in the State of Florid	a. I am fam	illiar with, and accept	
the obliga	tions of registered agent.							
SIGNATURE	$-\sqrt{\sqrt{2}}$						ļ	
SIGNATURE :	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gistered Agent signatu	re required	when reinstating)	DATE		
	in the state of th			_		u - t		
FILE NOW: FEE IS \$61.25							ayable to	
		Trust Fund Conti	ribution.		Added to Fees Florida	Departm	ent of State	
10.	OFFICERS AND DIR	ECTORS	11.	<u>n</u> ^	DDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 10	
TITLE	SD	Delete	TITLE	Š.	mbataro, Ca		Change Addition	
NAME	FUCHS, ROBERT	•	NAME	200	o marily ~ 5	treed	- 108	
STREET ADDRESS CITY-ST-ZIP	2492 LAURELWOOD DR		STREET ADDRESS CITY-ST-ZIP	21	earwater, Fl	スス	いしく	
•	CLEARWATER FL 33763			<u> </u>	D Carer	<u>ر ر ،</u>	Change Addition	
TITLE NAME	BICKFORD, MAE	☐ Delete	TITLE NAME	91	ckford, Mac	, A	Change Addition	
STREET ADDRESS	2060 MARILYN STREET 117		STREET ADDRESS	96	CHEST ATELLAD	Stre	·ex 111	
CITY-ST-ZIP	CLEARWATER FL 33765	Some very	- CITY-ST-ZIP *	39	28 C. 18 C. L.P.	3⊹	3765-	
TITLE	D	☐ Delete	TITLE	51	5)	Change	
NAME	SCOTT, PAT		NAME	Šc	oth, Part a	الم مرا	111-	
STREET ADDRESS CITY-ST-ZIP	2060 MARILYN STREET 116		STREET ADDRESS CITY-ST-ZIP	20	bo Marilyn ?	ge con		
	CLEARWATER FL 33765				rearmater, t		33765	
TITLE NAME	MILLER, MARION R	☐ Delete	TITLE Name	Ď	umeyer, Ver	ٔ ت	Change Addition	
STREET ADDRESS	2060 MARILYN ST		STREET ADDRESS	20	~~·		cect 210	
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP		rarwater F	z (- 7	33765	
TITLE	P	Delete	TITLE	aq			Change Addition	
NAME	HALL, ED	, · · · ·	NAME		iller Warion	~~		
STREET ADDRESS	2060 MARILYN STREET 101		STREET ADDRESS	201	, , ,	246	et 100	
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP		<u>earwater</u> F	<u>、 3</u>	<u> 37165</u>	
TITLE	D NABOZNY, BEN	Delete	TITLE	-	D		Change Addition	
NAME STREET ADDRESS	2060 MARILYN STREET 205		NAME STREET ADDRESS	DW	ncan, Lola	Hee	+ 110	
	I MODE THE THE LIT WILLS FOR		U - FIELE F - IGOTIEQQ	- N	4 C		ſ	

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:

CLEARWATER FL 33765

4-10-03

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