

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90090 049 ****61.25

DOCUMENT # 755705

1. Entity Name

MARINA ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

LIGHTHOUSE MGMT & REALTY
 16 CHURCH ST
 OSPREY FL 34229
 US

LIGHTHOUSE MGMT & REALTY
 16 CHURCH ST
 OSPREY FL 34229-9349
 US

60037402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2314569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBIN, EDWARD
 MARINA ISLES CONDO ASSOC. INC.
 16 CHURCH ST.
 OSPREY FL 34229

Name

SAME

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

Edward J. Tobin Edward J. Tobin President 2/24/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BYWATER, JOSEPH	
STREET ADDRESS	916 BROOKWOOD DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY A	
STREET ADDRESS	57 PELICAN DR.	
CITY-ST-ZIP	WALPOLE MA 02081	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HART, KENNETH	
STREET ADDRESS	R.R. #1 BOX 63	
CITY-ST-ZIP	HENRYVILLE PA 18332	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCONEGBY, JANET	
STREET ADDRESS	150 MARINA ISLES DR. #508	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECK, JAMES	
STREET ADDRESS	150 MARINA ISLES DR #612	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KEITH, J. LLOYD	
STREET ADDRESS	16 CHURCH ST	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Barber	
STREET ADDRESS	150 Marina Isles Dr Unit 201	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL Gagnon	
STREET ADDRESS	149 Englewood Isles Pkwy Unit 301	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Bluttaumueller	
STREET ADDRESS	150 Marina Isles Dr. Unit 308	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Edward J. Tobin Edward J. Tobin, Pres. 2/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #