

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90080 033 ****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
 US**

2. Principal Place of Business

3. Mailing Address

MARINA ISLES CONDO ASSOC.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150 MARINA ISLES DRIVE

City & State

ENGLEWOOD, FL 34223

4. FEI Number

59-2314569

Applied For

Not Applicable

Zip

Country

Zip

Country

34223 SARASOTA

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 **J. Lloyd Keith Jr.**

Street Address (P.O. Box Number is Not Acceptable)

MARINA ISLES CONDO ASSOC.

City

OSPREY,

FL

Zip Code **34229**

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 **X**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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 NAME	D TOBIN, EDWARD <input type="checkbox"/> Delete
STREET ADDRESS	150 MARINA ISLES DR #108
CITY-ST-ZIP	ENGLEWOOD FL 34-2223
TITLE NAME	VP BARBER, JUNE <input type="checkbox"/> Delete
STREET ADDRESS	150 Marina Isles Dr. #201
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE NAME	T GAGNON, AL <input type="checkbox"/> Delete
STREET ADDRESS	150 MARINA ISLES DR. UNIT 301
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE NAME	D MCCONEGBY, JANET <input type="checkbox"/> Delete
STREET ADDRESS	150 MARINA ISLES DR. #508
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE NAME	D ECK, JAMES <input type="checkbox"/> Delete
STREET ADDRESS	150 MARINA ISLES DR #612
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE NAME	AS KEITH, J. LLOYD <input type="checkbox"/> Delete
STREET ADDRESS	16 CHURCH ST
CITY-ST-ZIP	OSPREY FL 34229

TITLE NAME	P BYWATER, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	916 BROOKWOOD DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE NAME	VP ANDERSON, GARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	150 Marina Isles Dr.
CITY-ST-ZIP	Englewood, FL 34223
TITLE NAME	S Bluttaumueller, Bob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	150 Marina Isles Dr. Unit 308
CITY-ST-ZIP	Englewood, FL 34223
TITLE NAME	D Smith, Mary Ann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	150 Marina Isles Dr. Unit 206
CITY-ST-ZIP	Englewood, FL 34223
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:

Joseph G. Bywater
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Bywater 3/29/02 863-646-3506
 Date Daytime Phone #

CR2E037 (9/01)