

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90307 006 ****61.25

DOCUMENT # 757573

1. Entity Name
MARINER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **4220 GULF BLVD. ST. PETERSBURG BEACH FL 33706**
Mailing Address: **4220 GULF BLVD. ST. PETERSBURG BEACH FL 33706**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number **59-2110906** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**STURGEON, L M
4220 GULF BLVD
SAINT PETERSBURG BEACH FL 33706**

7. Name and Address of New Registered Agent
Name: _____
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	<input type="checkbox"/> Delete	TITLE: Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRENCH, ROBERT		NAME: Robert French	
STREET ADDRESS: 1167 MOHAWK STREET		STREET ADDRESS:	
CITY-ST-ZIP: WOODSTOCK, ONTARIO N4-T1A7		CITY-ST-ZIP:	
TITLE: SD	<input checked="" type="checkbox"/> Delete	TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCLAUGHTREY, MARCIA		NAME: Frank Eovaldi	
STREET ADDRESS: 4507 OAK RIVER CIRCLE		STREET ADDRESS: 3018 Blossom	
CITY-ST-ZIP: VALRICO FL 33594		CITY-ST-ZIP: Roseville, MI. 48066	
TITLE: VPD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUCCI, JAMES		NAME:	
STREET ADDRESS: 7893 SAILBOAT KEY BLVD #401		STREET ADDRESS:	
CITY-ST-ZIP: SO. PASADENA FL 33707		CITY-ST-ZIP:	
TITLE: M	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEINMAN, FRED		NAME:	
STREET ADDRESS: TROPIC ISLES, 508 MARINA DR		STREET ADDRESS:	
CITY-ST-ZIP: PALMETTO FL 34221		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SENATO, RICHARD		NAME: Richard Senato	
STREET ADDRESS: 152 EVERGREENN DR		STREET ADDRESS:	
CITY-ST-ZIP: DOVER DE 19901		CITY-ST-ZIP:	
TITLE: E	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *[Signature]* **Agent** 4/22/03 727-367-3721

CR2E037 (10/02)