

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:30

DOCUMENT # 763221 (9)

1. Corporation Name:

MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

3111-3200 GULF BLVD
ST PETERSBURG FL 33706
US

1601 E BAY DR
64
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1982** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-2278466** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **Resource Property Mgmt**
22 City & State 27 **114 Pinellas Bayway**
23 Zip 28 **Tierra Verde, FL**
24 Country 29 **33715** 30 **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUSER, RICHARD B
1601 E BAY DR
64
LARGO FL 34641**

81 Name **Alberto Freda**
82 Street Address (P.O. Box Number is Not Acceptable) **C/O Resource Property Mgmt**
83 **114 Pinellas Bayway**
84 City **Tierra Verde** FL 85 Zip Code **33715**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Alberto Freda

ALBERTO FREDA

4/1/95

(Signature of individual or principal officer or registered agent and date of appointment)

(Signature of Registered Agent (signature required when appointing))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REED, GERALD
STREET ADDRESS	3111 GULF BLVD. #210
CITY, ST, ZIP	ST PETERSBURG BCH FL
TITLE	VB
NAME	CRAYTON, GARY
STREET ADDRESS	5015 W WATERS AVE
CITY, ST, ZIP	TAMPA FL
TITLE	SD
NAME	PRINSE, MARION
STREET ADDRESS	3111 GULF BLVD. #215
CITY, ST, ZIP	ST. PETERSBURG BCH., F
TITLE	TD
NAME	BURKHART, WALTER
STREET ADDRESS	3200 GULF BLVD #206
CITY, ST, ZIP	ST PETERSBURG BCH FL
TITLE	D
NAME	INGRAM, AL
STREET ADDRESS	3111 GULF BLVD #111
CITY, ST, ZIP	ST PETERSBURG BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	☐ Change ☒ Addition
12 NAME	HELEN AVCHEN	
13 STREET ADDRESS	3200 GULF BLVD, #103	
14 CITY, ST, ZIP	ST PETERSBURG BCH, FL	
21 TITLE	P	☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marion G. Prinse (Marion G. Prinse)

April 12, 1995

(813)

360-3640

(Signature and typed name of signing officer or director)

(Date)

(Telephone Number)