


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 763221 (9)

1. Corporation Name
MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC

| | |
|--|--|
| Principal Place of Business RESOURCE PROPERTY MGMT 118 PINELLAS BAYWAY TIERRA VERDE FL 33715 US | Mailing Address RESOURCE PROPERTY MGMT 118 PINELLAS BAYWAY TIERRA VERDE FL 33715 US |
|--|--|

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |
|--|---|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 05/11/1982 | | |
| 4. FEI Number 59-2278466 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**ALBERTO FREDA
 C/O RESOURCE PROPERTY MGMT
 118 PINELLAS BAYWAY
 TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE *Marton Prinse* DATE **4-9-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HELEN AVCHEN | |
| STREET ADDRESS | 3200 GULF BLVD., #103 | |
| CITY-ST-ZIP | ST PETERSBURG BCH FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CRAYTON, GARY | |
| STREET ADDRESS | 5015 W WATERS AVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | SP | <input type="checkbox"/> DELETE |
| NAME | PRINSE, MARION | |
| STREET ADDRESS | 3111 GULF BLVD. #215 | |
| CITY-ST-ZIP | ST. PETERSBURG BCH, F | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BURKHART, WALTER | |
| STREET ADDRESS | 3200 GULF BLVD #208 | |
| CITY-ST-ZIP | ST PETERSBURG BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JORDAN, JAMES | |
| STREET ADDRESS | 3111 GULF BLVD., #210 | |
| CITY-ST-ZIP | ST. PETE BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Helen Avchen | |
| 1.3 STREET ADDRESS | 3200 Gulf Blvd. #103 | |
| 1.4 CITY-ST-ZIP | ST. Petersburg, FL 33706 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Marton Prinse | |
| 3.3 STREET ADDRESS | 3111 Gulf Blvd #215 | |
| 3.4 CITY-ST-ZIP | ST PETE Beach, FL 33706 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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: *Marton Prinse* **REQUIRED**

CR2E037 (10/97)