

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90058 029 ****61.25

DOCUMENT # 763221

1. Entity Name

MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM A

Principal Place of Business

Mailing Address

RESOURCE PROPERTY MGMT

~~118 PINELLAS BAYWAY STE 202~~

ST PETERSBURG FL 33715

US

5901 SUNBLVD
 Suite 200

RESOURCE PROPERTY MGMT

~~118 PINELLAS BAYWAY STE 202~~

ST PETERSBURG FL 33715-1700

US

5901
 SUNBLVD
 Suite 200



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

59-2278466

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

Name

LEIGH TESSLER C/O Resource Property Mgmt.

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

5901 SUN BLVD # 200

City

St. Petersburg,

FL

Zip Code

33715

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

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	D	<input type="checkbox"/> Delete
NAME	HELEN AVCHEN	
STREET ADDRESS	3200 GULF BLVD., #103	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, ALFRED	
STREET ADDRESS	3200 GULF BLVD., #111	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRINSE, MARION	
STREET ADDRESS	3111 GULF BLVD. #215	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURKHART, WALTER	
STREET ADDRESS	3200 GULF BLVD #206	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	VP	<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		

TITLE	James Dehak	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 Gulf Blvd. #108	
STREET ADDRESS	St. Petersburg Beach, FL	
CITY-ST-ZIP		
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		
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: Marion Prinse PRESIDENT

3/21/00

(727)
 360-3660

CR3E037 1999