

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0062380

DOCUMENT # 763221

04-25-2001 90368 009 ****61.25

1. Entity Name

MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM A

Principal Place of Business

Mailing Address

RESOURCE PROPERTY MGMT
 5901 SUN BLVD. #200
 ST PETERSBURG FL 33715
 US

RESOURCE PROPERTY MGMT
 5901 SUN BLVD. #200
 ST PETERSBURG FL 33715
 US

957092



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

TESSLER, LEIGH
 C/O RESOURCE PROPERTY MGMT
 5901 SUN BLVD. #200
 TIERRA VERDE FL 33715

Name: **RESOURCE PROPERTY MANAGEMENT**
 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 type="checkbox"/> Delete
NAME	DERHAK, JAMES	
STREET ADDRESS	3200 GULF BLVD #108	
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 checked="" type="checkbox"/> Delete
NAME	BURKHART, WALTER	
STREET ADDRESS	3200 GULF BLVD #206	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	SD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY DRENNON	
STREET ADDRESS	3200 GULF BLVD #104	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH PIDACKS	
STREET ADDRESS	3111 GULF BLVD #115	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
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 A. Prinse, President 4/11/01 727-864-0004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)