


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90322 011 ****61.25

DOCUMENT # 763221					
1. Entity Name MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business RESOURCE PROPERTY MGMT 5901 SUN BLVD. #200 ST PETERSBURG, FL 33715 US			Mailing Address RESOURCE PROPERTY MGMT 5901 SUN BLVD. #200 ST PETERSBURG, FL 33715 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD. #200 TIERRA VERDE, FL 33715				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN AVCHEN		NAME		
STREET ADDRESS	3200 GULF BLVD., #103		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG BCH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHART, WALTER		NAME		
STREET ADDRESS	3200 GULF BLVD. #206		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGGINS, JIM		NAME	RON WATERS	
STREET ADDRESS	3200 GULF BLVD.#108		STREET ADDRESS	3200 GULF BLVD	
CITY-ST-ZIP	ST PETE BEACH, FL 33706		CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRENNON, JUDY		NAME		
STREET ADDRESS	3200 GULF BLVD. #104		STREET ADDRESS		
CITY-ST-ZIP	ST PETE BEACH, FL 33706		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOFFRAY, PHILLIP		NAME	AL INGRAM	
STREET ADDRESS	18901 ST LAURENT		STREET ADDRESS	3111 PASS-A-GRIFFIN WAY	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE		<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: <i>Walter Burkhardt</i>		PRESIDENT		4-7-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	