

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90178 047 ****61.25

0046483

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

4. FEI Number **59-2278466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELEN AVCHEN 3200 GULF BLVD., #103 ST PETERSBURG BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINSE, MARION 3111 GULF BLVD. #215 ST PETERSBURG BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRENNON, TONY 3200 GULF BLVD #104 ST PETE BEACH FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIDACHS, RUTH 3111 GULF BLVD #115 ST PETE BEACH FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOFFRAY, PHILLIP 18901 ST LAURENT LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER BURNHART 3200 GULF BLVD. #206 ST. PETE BEACH, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIM BEGGINS 3200 GULF BLVD #108 ST. PETE BEACH, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDY DRENNON 3200 GULF BLVD. #104 ST. PETE BEACH, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

445-03

APR 30 2003

CR2E037 (10/02)

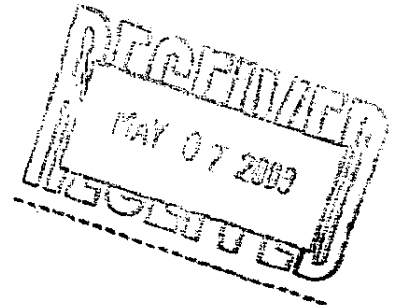


STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Attachment
763221
80119404

May 1, 2003

RESOURCE MANAGEMENT
7300 PARK ST
SEMINOLE, FL 33777



RE: CORRESPONDENCE RETURN

Florida's Future...
**Right Here.
Right Now.**

Jeb Bush
Governor

Diane Carr
Secretary

Division of Administration

Bureau of Central Intake

1940 North Monroe Street

Tallahassee, Florida

32399-0783

VOICE

850.487.1395

FAX

850.488.8040

INTERNET

www.myflorida.com

To Whom It May Concern:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
HAS RECEIVED YOUR CHECK/PAPERWORK.

YOUR CHECK/PAPERWORK CANNOT BE PROCESSED FOR THE
FOLLOWING REASON (S):

THE ENCLOSED CHECK AND/OR PAPERWORK IS NOT FOR THE
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION.
PLEASE CHECK YOUR CORRESPONDENCE AND SEND TO THE
APPROPRIATE OFFICE.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY
QUESTIONS, PLEASE CALL THE NUMBER LISTED.

ENCLOSURE

MKD

** Reissued.*

USE RETURN TO

MAIL

SEP 2003 11:01