

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002829**

1. Entity Name

PENTHOUSE RESIDENCES AT MARINA POINTE, A CONDOMINIUM, INC.**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91434 035 ****61.25

0014213

Principal Place of Business 158 N. HARBOR CITY BLVD. MELBOURNE FL 32935	Mailing Address 158 N. HARBOR CITY BLVD. MELBOURNE FL 32935
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631228	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK ESQ. 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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																																				
<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D LOVE, RICHARD P JR. 158 N. HARBOR CITY BLVD. MELBOURNE FL 32935</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D THOMAS, ALAN 158 N. HARBOR CITY BLVD. MELBOURNE FL 32934</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE FL 32901</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Delete</td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, RICHARD P JR. 158 N. HARBOR CITY BLVD. MELBOURNE FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ALAN 158 N. HARBOR CITY BLVD. MELBOURNE FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td>☐ Change ☐ Addition</td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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**
Richard P. Love, Jr.**1/14/02****321-751-9320**

CR2E037 (9/01)