

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90071 035 \*\*\*\*61.25

**DOCUMENT # N01375**

1. Entity Name

**MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**80 MIRACLE STRIP PARKWAY  
 FT WALTON BEACH FL 32548**

**80 MIRACLE STRIP PARKWAY  
 FT WALTON BEACH FL 32548**

**00032966**



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

**59-2390568**

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

**ALLEN, LARRY  
 80 MIRACLE STRIP PARKWAY  
 FT WALTON BEACH FL 32548**

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.

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, LARRY</b>	
STREET ADDRESS	<b>607 BURGUNDY LANE</b>	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, FRANK</b>	
STREET ADDRESS	<b>20573 HIGHWAY 12S</b>	
CITY-ST-ZIP	<b>FOLEY AL 36535</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SAPP, MIKE</b>	
STREET ADDRESS	<b>765 SPRING LAKE DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, BILL</b>	
STREET ADDRESS	<b>204 COUNTRY CLUB AVENUE</b>	
CITY-ST-ZIP	<b>BAY MINETTE AL 36507</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RUMMEL, BERNARD</b>	
STREET ADDRESS	<b>5518 ESSEX RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANN, JUANITA</b>	
STREET ADDRESS	<b>409 BREMEN AVENUE</b>	
CITY-ST-ZIP	<b>WARRINGTON FL</b>	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>BOARD OF DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JO ANN KIRWIN</b>	
STREET ADDRESS	<b>258 PARKWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Larry Allen* 4/6/01 850-2445132  
 Date Daytime Phone #

CR2E037 (10/00)