


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90055 004 ****61.25

DOCUMENT # N02000009763

1. Entity Name
MARILYN PINES UNIT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2060 MARILYN STREET
 CLEARWATER, FL 33765**

Mailing Address
**2060 MARILYN STREET
 CLEARWATER, FL 33765**

94022970

2. Principal Place of Business
4174 Woodlands Pkwy

3. Mailing Address
4174 Woodlands Pkwy

Suite, Apt. #, etc.

02052004 Chg-NP CR2E037 (10/03)

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34685

Country
Pinellas

Zip
34685

Country
Pinellas

4. FEI Number
59-1583853

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEZER, STEVEN H ESQ.
 220 S. FRANKLIN STREET
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
First Choice Association Management

Street Address (P.O. Box Number is Not Acceptable)
4174 Woodlands Pkwy

City
Palm Harbor

FL

Zip Code
34685

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 *James M. Nolan* **James M Nolan** **2/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEE, BETTY 2060 MARILYN STREET # 234 CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PFISTER, RUDY 2060 MARILYN STREET # 123 CLEARWATER, FL 33765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LEE, RICHARD 2060 MARILYN STREET # 234 CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD CLEARY, MARY JO 2060 MARILYN STREET # 140 CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAZZARO, BARBARA 2060 MARILYN STREET # 138 CLEARWATER, FL 33765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PIA Pfister, Rudy 2060 Marilyn St #123 Clearwater, FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Nazzaro, Barbara 2060 Marilyn St #138 Clearwater, FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Dunn, Bill 2060 Marilyn St #131 Clearwater, FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Grven, Mike 2060 Marilyn St #126 Clearwater, FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Trimarche, Joe 2060 Marilyn St #230 Clearwater, FL 33765 | <input checked="" 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: *Rudolph T. Pfister* **Rudolph T. Pfister** **2/19/04** **727 448-0432**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #