


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90041 049 \*\*\*\*61.25

<b>DOCUMENT # N02000009763</b>					
1. Entity Name Marilyn Pines Unit II Condominium Association, Inc.					
Principal Place of Business 1474 Woodlands Pkwy Palm Harbor, FL 34685			Mailing Address 1474 Woodlands Pkwy Palm Harbor, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1583853	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIRST CHOICE ASSOCIATION MANAGEMENT 4174 Woodlands Pkwy Palm Harbor, FL 34685			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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	PD	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFISTER, RUDY		NAME	Joe Trimarche	
STREET ADDRESS	2060 MARILYN ST #123		STREET ADDRESS	2060 Marilyn St. # 230	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater FL 33765	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, BILL		NAME	Charles Bernacchi	
STREET ADDRESS	2060 MARILYN ST #131		STREET ADDRESS	2060 Marilyn St #142	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater FL 33765	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUEN, MIKE		NAME		
STREET ADDRESS	2060 MARILYN ST #126		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMARCHE, JOW		NAME		
STREET ADDRESS	2060 MARILYN ST 3230		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZZARO, BARBARA		NAME		
STREET ADDRESS	2060 MARILYN STREET # 138		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
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>Rudolph T. Pfister</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	