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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State,  
DIVISION OF CORPORATIONS



DOCUMENT # **N20667** (4)  
1. Corporation Name  
**THE MARINA CLUB OF TAMPA, BUILDING K, CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**WHARBOUR MANAGEMENT** **WHARBOUR MANAGEMENT**  
**552 MARIN ST** **552 MARIN ST**  
**SAFETY HARBOR FL 34695** **SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified **05/15/1987** 3a. Date of Last Report **03/11/1994**  
4. FEI Number **59-2396368** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2424 W. Tampa Bay Blvd** 26 **2424 W. Tampa Bay Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **D-106** 27 **D-106**  
City & State City & State  
23 **Tampa, Fla** 28 **Tampa, Fla 33607**  
Zip Country Zip Country  
24 **33607** 25 **Florida** 29 **33607** 30 **Florida**

9. Name and Address of Current Registered Agent  
**MEZER, STEVEN H. P.A.**  
**1212 COURT ST.**  
**SUITE B**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>KLEIN, PETER</b>
STREET ADDRESS	<b>2424 WEST TAMPA BAY BLVD., K-201</b>
CITY - ST - ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>VSTD</b>
NAME	<b>TENUTA, KAY</b>
STREET ADDRESS	<b>2424 W TAMPA BAY BLVD., K-101</b>
CITY - ST - ZIP	<b>TAMPA FL 34616</b>
TITLE	<b>D</b>
NAME	<b>TENUTA, HARRY</b>
STREET ADDRESS	<b>2424 W. TAMPA BAY BLVD., #K101</b>
CITY - ST - ZIP	<b>TAMPA FL 33607</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kathy Gerhart</b>
1.3 STREET ADDRESS	<b>2424 West Tampa Bay Blvd. K-203</b>
1.4 CITY - ST - ZIP	<b>Tampa Florida 33607</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kay Tenuta</b>
2.3 STREET ADDRESS	<b>2424 W. Tampa Bay Blvd. D</b>
2.4 CITY - ST - ZIP	<b>K-101, Tampa, Florida 33607</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Terry Tearney</b>
3.3 STREET ADDRESS	<b>2424 West Tampa Bay Blvd k-204D</b>
3.4 CITY - ST - ZIP	<b>Tampa, Florida 33607 V/President</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy Gerhart  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR