## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90184 005 \*\*\*\*61.25

## DOCUMENT # N20667

1. Corporation Name

THE MARINA CLUB OF TAMPA, BUILDING K, CONDOMINIU M ASSOCIATION, INC.

Principal Place of Business	Mailing Address				
2424 W. TAMPA BAY BLVD D-106 TAMPA FL 33607 US	2424 W. TAMPA BAY D-106 TAMPA FL 33607 US				
2. Principal Place of Business	2a. Mailing Address				



2. Principal	Place of Business	2a. Mailing Address			3. Date incorporated or Qualifed			
21		26			05/15/1987			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			4: FEI Number		lied For	
22		27			59-2396368	Not	Applicable	
City & St	ate	City & State			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red		
Zip	Country	Zip	Country	, ;	6. Election Campaign Financing	\$5.00	vlav Be	
24	25	<u> </u>	30		Trust Fund Contribution	Added to		
24	9. Name and Address of Curren		<del></del>		10. Name and Address of New Regist	ered Agent		
<del></del>			81	Name				
TEALITA MAN								
TENUTA			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	TAMPA BAY		83	<del> </del>				
SUITE K				L _				
	<del>/ATE</del> R FL 33607		84	City		FL 85 Zip C	ode	
TAN	vpa			<u> </u>	La the shift of the shift of	:	rogistored	
office o	nt to the provisions of Sections 617.050 r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	the corpora	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment as reg	istered	
SIGNATUR	E	ALOTE:	Decistered Aces	ot pioneture recui	ired when reinstating) DA	ATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	it eignatora rador	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12	
	SD	DELETE	1.1 TITLE	- T		Change	Addition	
TITLE	, <del></del>	E Deceit	12 NAME	1			,	
NAME	GERHART, KATHY	000					i	
STREET ADDRES	1	203		TADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	PD	☐ DELETE	2.1 TTLE	ļ		Change	☐ Addition	
NAME	TENUTA, KAY		2.2 NAME	ļ				
STREET ADDRES	ss  2424 W. Tampa Bay Blvd   K	·-101	2.3 STREE	TADORESS		- `	~	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-5	ST-ZIP				
TITLE	TD	☐ DELETE	3.1 TITLE	}		Change	☐ Addition	
NAME	SANTORO, MICHAEL		3.2 NAME					
STREET ADORES	ss 2424 W. TAMPA BAY BLVD., U	NIT K-201	3.3 STREE	TADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4, 2 NAME				•	
STREET ADDRES	ss		4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	1				
TITLE	<del>                                     </del>	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME		•			
Ļ	\			TADDRESS	•			
STREET ADDRES	sol		5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	ZIF		Change	Addition	
TITLE	}	L'I DELETE	6.2 NAME	1		□ ¢nang¢		
NAME			1					
STREET ADDRES	ss			TADDRESS				
CITY ST 71D			6.4 CITY-S	T-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE:

ATURE AND APPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/99 813-284

3-28-171