FILE NOW: FILING FEE AFTER MAY.1 IS $155.00

APPROVED AND FILED

95 APR 18 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N-23228

1. Corporation Name
Marina Park Homeowner's Association, Inc

Principal Business Address
Marina Park
9150 Thru 9178
Blind Pass Rd.
St Pete Beach, FL 33706

Mailing Address
9162 Blind Pass Rd
St. Pete Beach, FL
33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-28-88
3a. Date of Last Report: 3-7-94
4. FEI Number: 59-2897475 ☐ 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 Marina Park	26 Marina Park
22 Suite, Apt. #, etc. 9150 Thru 9178 Blind Pass Rd	27 Suite, Apt. #, etc. 9162 Blind Pass Rd
23 City & State St. Pete Beach, FL	28 City & State St. Pete Beach, FL
24 Zip 33706 25 County Pinellas	29 Zip 33706 30 County Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Philip J. Roberts - President
82 Street Address (P.O. Box Number is Not Acceptable): 9162 Blind Pass Rd.
83
84 City: St. Pete Beach FL 85 Zip Code: 33706

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: Philip J. Roberts - President - Philip J. Roberts - 3-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE D 12 NAME: President 13 STREET ADDRESS: Philip J. Roberts 14 CITY-ST-ZIP: 9162 Blind Pass Rd. St. Pete Beach, FL 33706	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE D 22 NAME: Elizabeth Wallace 23 STREET ADDRESS: Vice President 24 CITY-ST-ZIP: 9150 Blind Pass Rd St Pete Beach, FL 33706	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE D 32 NAME: Secretary 33 STREET ADDRESS: Noella Roberts 34 CITY-ST-ZIP: 9162 Blind Pass Rd St Pete Beach, FL 33706	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE D 42 NAME: Treasurer 43 STREET ADDRESS: Roseanna Dirman 44 CITY ST ZIP: 9170 Blind Pass Rd St. Pete Beach, FL 33706	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition S1C1C01145514351 -04/18/95--01105--004 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition Rec 4-18-95

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 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.

SIGNATURE: Philip J. Roberts - Philip J. Roberts 3-24-95 (813) 363-2616
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #