FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Mar 04 1996 8:00am
Secretary of State

DOCUMENT # N23228 (2)

1. Corporation Name
MARINA PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PHIL ROBERTS 922 STRATFORD MANOR DR. BRANDON FL 33510	C/O PHIL ROBERTS 922 STRATFORD MANOR DR. BRANDON FL 33510

3. Date Incorporated or Qualified: 10/29/1987
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 Marina Park
Suite, Apt. #, etc.
22 9150 - 9178 Blind Pass Rd
City & State
23 St. Pete Beach, FL
Zip 24 33706 Country 25 Pinellas

2a. Mailing Address
26 Marina Park c/o Phil Roberts
Suite, Apt. #, etc.
27 922 STRATFORD MANOR DR.
City & State
28 Brandon, FL
Zip 29 33510 Country 30 Hillsborough

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS, PHILLIP J.
9162 BLIND PASS RD.
ST. PETE BEACH FL 33706

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 617.0502 and 617.1008, 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 617.0503, Florida Statutes.

SIGNATURE Philip J. Roberts Philip J. Roberts February 24th 1996
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	PD ROBERTS, PHILLIP J. 9162 BLIND PASS RD. ST. PETE BEACH FL 33706	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERTS, NOELLA 9162 BLIND PASS RD. ST. PETE BEACH FL 33706	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WALLACE, ELIZABETH 9150 BLIND PASS RD. ST. PETE BEACH FL 33706	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIRMAN, ROSEANNA 9170 BLIND PASS RD. ST. PETE BEACH FL 33706	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 2/24/96 (813) 661-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #