2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91001 005 ****61.25

14019146

DOCUMENT # N23228

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

Principal Place of Business	Mailing Address
C/O ELENA D. MOTTA CPA 9369 RUSTIC PINES BLVD. ST. PETE BEACH, FL 33706	C/O ELENA D. MOTTA CPA 9369 RUSTIC PINES BLVD. ST. PETE BEACH, FL 33706

04292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2897475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOTTA, ELENA D CPA 9369 RUSTIC PINES BLVD. SEMINOLE, FL 33776	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HELTON, KIM 9172 BLIND PASS RD. SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Helton, Jim	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTHOUSE, DEBORAH 9162 BLIND PASS RD. ST PETERSBURG BEACH, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, LIZ 9150 BLIND PASS RD. ST PETERSBURG BEACH, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DALBO, ELIZABETH 9154 BLIND PASS ROAD ST PETERSBURG BEACH, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINKEAO, DAVON 9156 BLIND PASS RD. SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KINKEAD, DAWN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AL BRELAND 9166 Blind Pass Rd. St Petersburg Bch FL 33706	☐ Change ☒ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #