2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
07 MAR -9 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~

02152007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Lamont Management	C/O Lamont Management
Suite, Apt. #, etc. 250 104th Ave.	Suite, Apt. #, etc. 250 104th Ave.
City & State Treasure Island, Fl.	City & State Treasure Island, Fl.
Zip: 33706 Country: USA	Zip: 33706 Country: USA

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: Sue H. Lamont Street Address (P.O. Box Number is Not Acceptable): 250 104th Ave Treasure Island City: TREASURE ISLAND FL Zip Code: 33706

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: X Sue Lamont 02/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | **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, JIM~~ 9172 BLIND PASS RD. SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAUREEN HELTON	☑ 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	REINSTATEMENT 06-07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINKEAD, DAWN 9156 BLIND PASS RD. SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRADLEY, ERICKSON 9170 BLIND PASS RD SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROMANO, JUDY 9160 BLIND PASS RD SAINT PETERSBURG, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROMANO, Judy	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400093257014 03/16/07--01017--015 **122.50	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Judy Romano, VP 2-17-07 727-360-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #