

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23228

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** MARINA PARK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

9150 BLIND PASS ROAD  
ST PETERSBURG BEACH, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

11350 66TH STREET NORTH  
SUITE 124  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 59-2897475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLIDAY ISLES PROPERTY MGMT, INC.  
11350 66TH NORTH  
#124  
LARGO, FL 33773 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GOLINO, DOMINIC  
**Address:** 9152 BLIND PASS ROAD  
**City-St-Zip:** ST PETE BEACH, FL 33706 US

**Title:** VD  
**Name:** SCHMALOWSKI, JON  
**Address:** 9158 BLIND PASS ROAD  
**City-St-Zip:** ST PETE BEACH, FL 33706 US

**Title:** SD  
**Name:** MARTOHUE, DEBORAH  
**Address:** 9150 BLIND PASS RD  
**City-St-Zip:** ST PETE BEACH, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DOMINIC GOLINO

PD

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date