

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90147 004 ****61.25

DOCUMENT # N23228

1. Entity Name

MARINA PARK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 67293
ST. PETE BEACH FL 33706

Mailing Address

P.O. BOX 67293
ST. PETE BEACH FL 33706

2. Principal Place of Business

9369 Rustic Pines Blvd.

Suite, Apt. #, etc.

9369 Rustic Pines Blvd.

City & State

Seminole FL

Zip

33776

Country

U.S.A.

3. Mailing Address

9369 Rustic Pines Blvd.

Suite, Apt. #, etc.

9369 Rustic Pines Blvd.

City & State

Seminole FL

Zip

33776

Country

U.S.A.



*** CHECK HERE IF MAKING CHANGES**

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

**BECKER & POLIAKOFF, P.A.
5999 CENTRAL AVENUE
#104
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name **ELENA D. MOTTA CPA**
Street Address (P.O. Box Number is Not Acceptable)
9369 Rustic Pines Blvd.
City **Seminole** FL Zip Code **33776**

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

Elena D. Motta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	PD	☒ Delete
NAME	HOWARD, KELLY	
STREET ADDRESS	9176 BLIND PASS ROAD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VD	☒ Delete
NAME	STORCK, MARGARET	
STREET ADDRESS	9170 BLIND PASS ROAD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	TD	☒ Delete
NAME	HOWARD, JASON	
STREET ADDRESS	9176 BLIND PASS ROAD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	SD	☐ Delete
NAME	DALBO, ELIZABETH	
STREET ADDRESS	9154 BLIND PASS ROAD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Jim Helton	
STREET ADDRESS	9172 Blind Pass Rd.	
CITY-ST-ZIP	St Pete Beach FL 33706	
TITLE	D	☐ Change ☒ Addition
NAME	DEBORAH MARTONE	
STREET ADDRESS	9162 Blind Pass Rd.	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	D	☐ Change ☒ Addition
NAME	LIZ WALLACE	
STREET ADDRESS	9150 Blind Pass Rd.	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Dawn Kinkead	
STREET ADDRESS	9156 Blind Pass Rd.	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Elizabeth K. Dalbo 1/16/03 727/392-9889

CR2E037 (10/02)