

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90140 021 ****61.25

DOCUMENT # N24497

Entity Name
MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S ASSOCI

Principal Place of Business Mailing Address
 TREASURE ISLE DR. 2389 TREASURE ISLE DR.
 BCH., GARDEN FL 33410 PALM BCH., GARDEN FL 33410-1361



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0054016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 PARENT, ARTHUR
 MARINER'S COVE ASSOCIATION
 2389 TREASURE ISLE DR
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
VP REEMAN, HOWARD 2419 TREASURE ISLE DR, #A-10 PALM BCH. GARDEN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BUNDONIS, JEFF 2439 TREASURE ISLE DR., A-6 PALM BCH. GARDEN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D PANSE, BOB 2339 TREASURE ISLE DR. PALM BCH. GARDEN FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ROBERT S. BEAVER 2379 TREASURE ISLE DR PALM BEACH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD DENNING, RUSS 2319 TREASURE ISLE DR APT A-51 WEST PALM BEACH FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *Howard Reeman VP* 561-624-1096
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)