

# 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<br><b>65-0054016</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| VP<br>REEMAN, HOWARD<br>2419 TREASURE ISLE DR, #A-10<br>PALM BCH. GARDEN FL       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD<br>BUNDONIS, JEFF<br>2439 TREASURE ISLE DR., A-6<br>PALM BCH. GARDEN FL        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>PANSE, BOB<br>2339 TREASURE ISLE. DR.<br>PALM BCH. GARDEN FL 33410           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>ROBERT S. BEAVER<br>2379 TREASURE ISLE DR<br>PALM BEACH GARDENS FL           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TD<br>DENNING, RUSS<br>2319 TREASURE ISLE DR APT A-51<br>WEST PALM BEACH FL 33410 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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)