

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90073 044 ****61.25

0010644

DOCUMENT # N24497

1. Entity Name
MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2389 TREASURE ISLE DR.
PALM BCH., GARDEN FL 33410**

Mailing Address
**2389 TREASURE ISLE DR.
PALM BCH., GARDEN FL 33410**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0054016** Applied For
Not Applicable.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ST-JOHN, CORE, FIORE & LEMME, P.A.
500 AUSTRALIAN AVE. SOUTH
SUITE 600
WEST PALM BEACH FL 33401**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	BEAVER, ROBERT	
STREET ADDRESS	2379 TREASURE ISLE DR. A-24	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIANSANTE, LOUIS	
STREET ADDRESS	2419 TREASURE ISLE DR A-09	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PANSE, BOB	
STREET ADDRESS	2339 TREASURE ISLE DR.	
CITY-ST-ZIP	PALM BCH. GARDEN FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HECHT, DONALD	
STREET ADDRESS	2399 TREASURE ISLAND DR A-19	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DENIG, RUSS	
STREET ADDRESS	2319 TREASURE ISLE DR APT A-51	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRPAS, HARRY	
STREET ADDRESS	2359 TREASURE ISLE DR. A-33	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denig, Russ	
STREET ADDRESS	2319 Treasure Isle Dr, A-9	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herman, Donald	
STREET ADDRESS	2320 Treasure Isle Dr, A-68	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giantsante, Louis	
STREET ADDRESS	2419 Treasure Isle Dr, A-9	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dimaio, Dominic	
STREET ADDRESS	2319 Treasure Isle Dr, A-49	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roemer, Barbara	
STREET ADDRESS	2419 Treasure Isle Dr, A-10	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hecht, Donald	
STREET ADDRESS	2399 Treasure Isle Dr, A-19	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

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: *Louis Giantsante-Treas* 7/15/03 561-628-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)