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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

Feb 15, 2001 8:00 am **DOCUMENT # N34625 Secretary of State** 1. Entity Name 02-15-2001 90029 045 ****61.25 THE BLUFFS MARINA ASSOCIATION, INC. Principal Place of Business Mailing Address 1320 TIDAL POINTE BLVD 1320 TIDAL POINTE BLVD JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-2762677 Not Applicable Zip Žio. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) BAKER, COLLEEN E 705 S PALM WAY LAKE WORTH FL 33460 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, PD Delete TITLE Change Addition CR2E037 (10/00) TITLE BAKER CHRISTOPHER . I. NAME BAKER, CHRISTOPHER J NAME 495 PEACOCK LAWE NORTH STREET ADDRESS 705 S PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 LIPITER. FL 3345B **VPDT** Delete TITLE 🗖 Change ☐ Addition TITLE Baker, Colleen, E. NAME BAKER, COLLEEN E NAME 495 Peacock land nobth STREET ADDRESS STREET ADDRESS 705 S PALM WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 Change Addition TITLE _ Delete NAME MILITANINA, RICHARD 1520 TIDAL POINTE BLYD, SLIP B-7 STREET ADDRESS 9500 NATIONS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEBSTER FL 33597 TIT! F ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 vaceiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if