

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90137 036 ****61.25

DOCUMENT # N94000001313

1. Entity Name

MARCO ISLAND MARINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1400 N COLLIER BLVD
 MARCO ISLAND FL 34146
 US

MASTERS GOLF CORP
 215 E CENTRAL BLVD
 ORLANDO FL 32801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

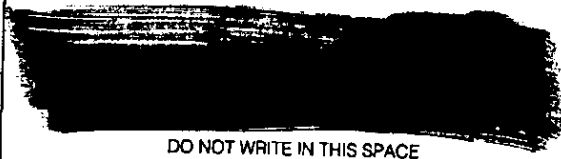
City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0563054**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTARAMIAN, JACK
 365 5TH AVE SOUTH
 SUITE 201
 NAPLES FL 34102

Name *Wallace Hubbard*
 Street Address (P.O. Box Number is Not Acceptable)
M.I.M.A.
1400 N. Collier Blvd.
 City *Marco Island* FL Zip Code *34146*

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	ANTARAMIAN, JACK	<input checked="" type="checkbox"/> Delete
NAME		365 5TH AVE S, #201	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE	D	THOMAS, CHARLES	<input checked="" type="checkbox"/> Delete
NAME		365 5TH AVE S, #201	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE	D	FRAZZITA, ROBERT	<input checked="" type="checkbox"/> Delete
NAME		365 5TH AVE S, #201	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	MATHEWS, DOUG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1320 FORREST CT	
STREET ADDRESS		MARCO ISLAND, FL 34145	
CITY-ST-ZIP			
TITLE	D	MARR, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1254 MARTINIQUE CT	
STREET ADDRESS		MARCO ISLAND, FL 34145	
CITY-ST-ZIP			
TITLE		Wallace Hubbard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		656 Hickory Road	
STREET ADDRESS		Naples 34108 FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (9/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #