

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90101 005 \*\*\*\*61.25

**DOCUMENT # N94000001313**



1. Entity Name  
**MARCO ISLAND MARINA ASSOCIATION, INC.**

Principal Place of Business

**1400 N COLLIER BLVD  
MARCO ISLAND FL 34146  
US**

Mailing Address

**MASTERS GOLF CORP  
215 E CENTRAL BLVD  
ORLANDO FL 32801  
US**

2. Principal Place of Business

3. Mailing Address  
**1035 S. SEHORAN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**SUITE 1012**

City & State

City & State  
**WINTER PARK FL**

Zip

Country

Zip

Country

**32792**

**U.S.A.**

4. FEI Number **65-0563054**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KLUBERDANE, WALLACE  
1400 N. COLLIER BLVD  
MARCO ISLAND FL 34746**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D MATHEWS, DOUG 1320 FORREST CT MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D MARR, JAMES 1254 MARTINIQUE CT MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D KLUBERDAIG, WALLACE 656 HICKERY POND NAPLES FL 34108</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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**

*1/23/03*

CR2E037 (10/02)