


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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90176 011 \*\*\*\*61.25

**DOCUMENT # N97000004458**

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



Principal Place of Business  
**7900 ISLAND BOULEVARD  
WILLIAMS ISLAND FL 33160**

Mailing Address  
**7900 ISLAND BOULEVARD  
WILLIAMS ISLAND FL 33160**

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

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



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **11-3664507**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MATUS, ALAN  
7900 ISLAND BOULEVARD  
WILLIAMS ISLAND FL 33160**

**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATUS, ALAN</b>	
STREET ADDRESS	<b>7900 WILLIAMS ISLAND BLVD</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRUMP, STEPHANIE</b>	
STREET ADDRESS	<b>7900 WILLIAMS ISLAND BLVD</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEIN, NIKKI</b>	
STREET ADDRESS	<b>7900 ISLAND BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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		

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 (305) 937-7800**

CR2E037 (10/02)