

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752930

**Entity Name:** MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**0305419674CC**

**Current Principal Place of Business:**

901 N HERCULES AVE STE A  
CLEARWATER, FL 33765, FL 33765

**Current Mailing Address:**

901 N HERCULES AVE STE A  
CLEARWATER, FL 33765, FL 33765 US

**FEI Number:** 59-3062156

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICHARD C. COMMONS P.A. CPA  
901 N HERCULES AVE STE A  
CLEARWATER, FL 33765, FL 33765 US

*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:** RICHARD C COMMONS

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MAHAFFEE, MELONI  
Address 2060 MARILYN PINES  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name LOUNDS, RANDY  
Address 2060 MARILYN PINES  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name PETTI, MARIE A.  
Address 2060 MARILYN PINES  
City-State-Zip: CLEARWATER FL 33765

Title PRESIDENT  
Name BROWN, LARRY  
Address 2060 MARILYN PINES  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name SAMBATARO, MARGUERITE  
Address 2060 MARILYN PINES  
City-State-Zip: CLEARWATER FL 33765

Title TREASURER  
Name SIEFERT, GEORGE  
Address 2060 MARILYN PINES  
City-State-Zip: CLEARWATER FL 33765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY BROWN

**PRESIDENT**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date