JRE:	: ESA JOKELA	PRESIDENT	05/13/2022
	Electronic Signature of Signing Officer/Director Detail		Date

# **Current Principal Place of Business:**

2389 TREASURE ISLE. DR. PALM BCH., GARDEN, FL 33410

DOCUMENT# N24497

ASSOCIATION, INC.

#### **Current Mailing Address:**

C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205 JUPITER, FL 33458 US

#### FEI Number: 65-0054016

SIGNATU

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

JEFFREY REMBAUM P.A. 9121 NORTH MILITARY TRAIL SUITE 200 PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the nurnese of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:	JEFFREY REMBAUM			05/13/2022
	Electronic Signature of Registered Agent			Date
Officer/Direct	tor Detail :			
Title	PRESIDENT	Title	VP	
Name	JOKELA, ESA	Name	WELCH, PATRICK	
	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458	
Title	TREASURER	Title	SECRETARY	
Name	EMERY, BILL	Name	CUSENZA, ROBERT	
	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458	
Title	DIRECTOR	Title	DIRECTOR	
Name	SLAMOWITZ, RHEA	Name	MULLER, RICHARD	
	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458	
Title	DIRECTOR	Title	DIRECTOR	
Name	PATTERSON, PATRICK	Name	POLSON, DAVID	
	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458	

### Continues on page 2

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.

Entity Name: MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S

FILED May 13, 2022 Secretary of State 7264545933CC

Certificate of Status Desired: No

Date

## **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SORENSEN, NEAL
Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205
City-State-Zip:	JUPITER FL 33458