

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 745646**

1. Entity Name

MARINA LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, I

Principal Place of Business

**5112 S.W. 72ND AVENUE
MIAMI FL 33155
US**

Mailing Address

**P.O. BOX 557820
MIAMI FL 33255-7820
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2224414

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

**KLINE, A.T.
5112 SW 72 AVENUE
POST OFFICE BOX 557820
MIAMI FL 33255**

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.

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	KLINE, A.T.	5112 SW 72 AVE	MIAMI FL	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

D	BRISTOW, J.	5010 SW 72 AVE	MIAMI FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	INDGIN, S	5008 SW 72ND AVE	MIAMI FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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D	KARELAS, W	5002 SW 72ND AVE	MIAMI FL	<input checked="" type="checkbox"/> Delete
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DIRECTOR	HENRY KEEL	5102 SW 72 AV	MIAMI FL 33155	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	ZEILLER, J.	5016 SW 72 AVE	MIAMI FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2000 (305) 465-012

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90043 012 ****61.25

B0005239

DO NOT WRITE IN THIS SPACE