

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

07-08

DOCUMENT # 747716

1. Entity Name
MARINA HARBOUR CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.



FILED

08 JUN 19 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3717 46TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

Mailing Address
MARINA HARBOUR C/O SHELL REALTY
#102 1110 PINELLAS BAY WAY
TIERRA VERDE, FL 33715 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
Marina Harbour c/o Shell Realty
Suite, Apt. #, etc.
3717 46 Ave, So # 5
City & State
St Petersburg, FL
Zip
33711 Country

06162008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-2049390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SHELL REALTY, INC
1110 PINELLAS BAYWAY, STE. 102
TIERRA VERDE, FL 33715

7. Name and Address of New Registered Agent
Name
~~Marina Harbour Condominium Association~~ *Shell Realty*
Street Address (P.O. Box Number is Not Acceptable)
3717 46 Ave So # 5
City
St. Petersburg FL Zip Code
33711

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 *Shell Realty (Shell Realty Inc) L CAM Marina Harbour 06/16/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, THELMA 3717 46TH AVE.S., #11 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDMAN, FAYE 3717 46 AVE SO APT 12 SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, STEVE 4057 48 AVE. SO SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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: *Faye Wildman* *Faye Wildman* 727 867-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #