

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91393 002 \*\*\*\*61.25

**DOCUMENT # 747716**

1. Entity Name

**MARINA HARBOUR CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.**



Principal Place of Business

3717 46TH AVENUE SOUTH  
ST. PETERSBURG FL 33711

Mailing Address

P.O. BOX 1365  
ST. PETERSBURG FL 33733  
US

2. Principal Place of Business

3. Mailing Address

Marina Harbour / Shell Realty

Suite, Apt. #, etc.

# 102 - 1110 Pinellas Bayway

Tierra Verde, FL

Zip 33715 Country Pinellas



☐ CHECK HERE IF MAKING CHANGES

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

**C & L MAINTENANCE & MANAGEMENT**  
**2115 68TH AVENUE SOUTH**  
**ST. PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

Name **Shell Realty Inc**

Street Address (P.O. Box Number is Not Acceptable)

**1110 Pinellas Bayway Ste 102**

City **Tierra Verde,**

**FL**

Zip Code **33715**

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 Inc Shell Realty Inc. 5/1/03  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, THELMA	
STREET ADDRESS	3717 46TH AVE S., #11	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILDMAN, FAYE	
STREET ADDRESS	3717 46TH AVE S #12	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	BD	<input type="checkbox"/> Delete
NAME	LANG, LEOLA	
STREET ADDRESS	105 GARY STREET	
CITY-ST-ZIP	RIPLEY MS 38663	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, STEPHEN	
STREET ADDRESS	3717 46TH AVE SO #20	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, LAURI	
STREET ADDRESS	3717 46TH AVE S #20	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faye, Wildman	
STREET ADDRESS	3717 46 Ave SO	
CITY-ST-ZIP	St Petersburg FL 33711	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leola Lang	
STREET ADDRESS	105 Gary St.	
CITY-ST-ZIP	Ripley, MS 38663	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thelma Evans	
STREET ADDRESS	3717 46 Ave SO.	
CITY-ST-ZIP	St Petersburg, FL 33711	
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]

CR2E037 (10/02)