

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751773

1. Entity Name

MARWICK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16850 GULF BLVD.  
NORTH REPINGTON BEACH FL 33708

Mailing Address

9221 SUNFLOWER DRIVE  
TAMPA FL 33647

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 59-2247179

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

PERRONE, SAMUEL J  
9221 SUNFLOWER DRIVE  
TAMPA FL 33647

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

TITLE SD  
NAME GUTIERREZ, ELIAZAR  
STREET ADDRESS 24 SANDPIPER ROAD  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE PD  
NAME PERRONE SAMUEL J  
STREET ADDRESS 9221 SUNFLOWER DRIVE  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE TD  
NAME PERRONE, FRANCES C  
STREET ADDRESS 16850 GULF BLVD SUITE 5  
CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Delete

TITLE VPD  
NAME CIANCI, ANTHONY  
STREET ADDRESS 16850 GULF BLVD., UNIT 2  
CITY-ST-ZIP N. REDINGTON BEACH FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: SAMUEL J. PERRONE 7/11/01 (813) 973-7105

FILED  
Jul 24, 2001 8:00 am  
Secretary of State

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DO NOT WRITE IN THIS SPACE

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