

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90173 028 ****61.25

DOCUMENT # 752930

1. Entity Name
MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O BAY MANAGEMENT, INC.
1153 MAIN STREET, SUITE 101
DUNEDIN, FL 34698 US**

Mailing Address
**C/O BAY MANAGEMENT, INC.
275 RIVIERE ROAD
PALM HARBOR, FL 34863 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3062156

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

**SIEG, WALTER R
275 RIVIERE ROAD
PALM HARBOR, FL 34683**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	DUNCAN, LOLA	
STREET ADDRESS	2060 MARILYN ST #110	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAPONE, PETER R	
STREET ADDRESS	261 ELTINGVILLE BLVD	
CITY-ST-ZIP	STATEN ISLAND, NY 10312	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEASER, RICHARD	
STREET ADDRESS	102 ROSE AVENUE	
CITY-ST-ZIP	STATEN ISLAND, NY 10306	
TITLE	D	<input type="checkbox"/> Delete
NAME	RABON, ROBERTA	
STREET ADDRESS	2060 MARILYN ST # A-210	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, PETER	
STREET ADDRESS	2060 MARILYN ST # 205	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	COYLE, ELIZABETH	
STREET ADDRESS	2060 MARILYN ST #B-117	
CITY-ST-ZIP	CLEARWATER, FL 33765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Walter R Sieg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date


727-787-7811
Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40095097

752930

DOCUMENT # 1. Entity Name					
Principal Place of Business C/O BAY MANAGEMENT, INC. 1153 MAIN STREET, SUITE 101 DUNEDIN, FL 34698 US			Mailing Address C/O BAY MANAGEMENT, INC. 275 RIVIERE ROAD PALM HARBOR, FL 34863 US		
2. Principal Place of Business - No P.O. Box # HLKJJJ		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3062156	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEG, WALTER R 275 RIVIERE ROAD PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Chg-NP CR2E037 (12/06)		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		PD CHASTAIN, DEE 2060 MARILYN ST # A-204 CLEARWATER, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TD MILLER, MARION R 223 LAKESHORE DRIVE COLDWATER, MI 49036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		D SEIFERT, LYNN 33 MAPLE STREET ISLIP, NY 11751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		D MEHALECHKO, JOHN 2060 MARILYN STREET A-105 CLEARWATER, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		D SAMBATARO, CARL 5 ALLISON AVENUE STATEN ISLAND, NY 10306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> Delete	
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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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	