Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 761270 1. Entity Name MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, I 04-24-2001 90062 035 ****61.25 Principal Place of Business Mailing Address 18605 TAMPA RD C/O P&M PROPERTY MGMT FORT MYERS FL 33912 18605 TAMPA RD FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address SanCarlos Blud 5660 an Carlos Blug Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Xuite cute 40 City & State Applied For 4. FEI Number 59-2393150 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) SAPP, PAUL % P & M PROPERTY MANG., INC. 18605 TAMPA ROAD City FORT MYERS FL 33912 300 R 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. S Vice President TITLE Delete TITLE Change Addition MERIDITH, GEORGE NAME NAME STREET ADDRESS 1055 PALM AVE #296 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33903 TITLE PD ☐ Delete TITLE ☐ Change Addition GREY, DOUGLAS NAME NAME 1051 PALM AVE., #112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33903 CITY-ST-ZIP STO TITLE Delete TITLE ☐ Change ■ Addition **COKEL CINDY** NAME NAME STREET ADDRESS 1051 PALM AVE #127 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP N FT MYERS FL 33903 TITLE Treswer ☐ Delete TITI F M Addition Treasurer Change Wendy mcDaniel 1055 Rum Ave # 217 zendy in Waniel NAME NAME STREET ADDRESS STREET ADDRESS 1055 Paim PUC#217 CITY-ST-ZIF CITY-ST-ZIP N. FF. MYCUS, FI .FT. MUCB. FI <u> 33903</u> Director TITLE ☐ Delete TITI F Director ☐ Change Addition (Jeannine Morco 1055 Pelm AUC# 215 Jeannine Moreo #217 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP N. FT. MUCKS FT. 33903 CITY-ST-ZIP Fi. muers. Fi. TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoy