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04 MAY 25 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # 761451

Entity Name
Marlin Road Condominium Assoc., Inc
c/o Harbor Management Services, Inc

04U76260

DO NOT WRITE IN THIS SPACE

99-04

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
15600 SW 288 St	PO Box 924176	592628032	Applied For / Not Applicable
Suite, Apt. #, etc.: #406	Suite, Apt. #, etc.		
City & State: Homestead FL	City & State: Homestead FL		
Zip: 33033 Country: USA	Zip: 33092 Country: USA	5. Certificate of Status Desired: X	$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Raymond Van Hook
Street Address (P.O. Box Number is Not Acceptable): 15600 SW 288 Street #406
City: Homestead FL Zip Code: 33033

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: Raymond D Van Hook 4/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	P
NAME	Velorius E. Mills
STREET ADDRESS	12221 SW 208 Terrace
CITY-ST-ZIP	Miami FL 33177
TITLE	VP
NAME	James Howard
STREET ADDRESS	18720 SW 107 Avenue
CITY-ST-ZIP	Miami, FL 33157-6731
TITLE	S
NAME	James Howard
STREET ADDRESS	18720 SW 107 Avenue
CITY-ST-ZIP	Miami, FL 33157-6731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4/5/25

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Velorius E Mills III 4/15/04 305-233-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #