2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # 766127 1. Entity Name THE MARINA CLUB OF TAMPA CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 2424 W TAMPA BAY BLVD 2880 SCHERER DR TAMPA FL 33607 PETERSBURG FL 33716 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number 59-2396372 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHULER, KASS Street Address (P.O. Box Number is Not Acceptable) C/O RON TRYBUS 1505 N. FLORIDA **TAMPA FL 33716** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE MOORE, GAIL NAME NAME STREET ADDRESS 2424 W. TAMPA BAY BLVD. B-207 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP TITLE TITLE Delete ASHWORTH, STEVEN NAME NAME STREET ADDRESS 2424 W TAMPA BAY BLVD, # A209 STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE CEDARBURG, JIM NAME NAME STREET ADDRESS 2424 W TAMPA BAY BLVD, # G108 STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition 🛣 TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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 oddress, with all other the empowered.

SIGNATURE:

FILED