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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90021 027 ****61.25

DOCUMENT # 766127

1. Entity Name

THE MARINA CLUB OF TAMPA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2424 W TAMPA BAY BLVD D-106 TAMPA FL 33607 US	2870 SCHERER ROAD SUITE 100 SAINT PETERSBURG FL 33716 US

1st MOORE CR2E037 (10/06)

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

4. FEI Number 59-2396372 ☐ 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
SHULER, KASS C/O RON TRYBUS 1505 N. FLORIDA TAMPA FL 33716	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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD WILLERS, GAIL 2424 W. TAMPA BAY BLVD C108 TAMPA FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOORE, Gail 2424 W. TAMPA Bay Blvd. C108 TAMPA, FL. 33601 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KELLY, DOROTHY 2424 W. TAMPA BAY BLVD B107 TAMPA FL 33601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OBERHAUSEN, CLAY 2424 W. TAMPA Bay Blvd D102 TAMPA, FL 33601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CEARBURA108, JUM 2424 W TAMPA BAY BLVD G TAMPA FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, AUDREY 2424 W. TAMPA Bay Blvd. C 110 TAMPA, FL. 33601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRA, PATHY 2424 W TAMPA BAY BLVD D#202 TAMPA FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANOLT, ERIC 2424 W. TAMPA Bay Blvd. A212 TAMPA, FL 33601 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, ROBERT 2424 W TAMPA BAY BLVD C#209 TAMPA FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEGLINA, ANTHONY 2424 W. TAMPA Bay Blvd F204 TAMPA, FL. 33601 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 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: [signature] Gail Moore 3-26-07 813-876-3005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #