

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 13, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **766128** (3)

1. Corporation Name  
**THE MARINA CLUB OF TAMPA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
~~G/O HARBOUR MANAGEMENT~~ ~~652-MAIN-ST.~~ ~~SAFETY HARBOR FL 34695~~ ~~499-~~  
~~G/O HARBOUR MANAGEMENT~~ ~~652-MAIN-ST.~~ ~~SAFETY HARBOR FL 34695~~ ~~US-~~

3. Date Incorporated or Qualified **12/14/1982** 3a. Date of Last Report **02/27/1995**  
4. FEI Number **59-2396362** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2424 W. TAMPA BAY BLVD.** 26 **2424 W. TAMPA BAY BLVD.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **D-106** 27 **D-106**  
City & State City & State  
23 **TAMPA, FL** 28 **TAMPA, FL**  
Zip Country Zip Country  
24 **33607-1350** 25 **US** 29 **33607-1350** 30 **US**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MEZER, STEVEN H PA**  
**1212 COURT ST.**  
**STE. B**  
**CLEARWATER FL 34616**  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reestablishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VD</del> <del>ADAMS, ERNEST</del> <del>2424 W TAMPA BAY UNIT H202</del> <del>TAMPA FL</del> <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>VD</b> <b>Glenn, Dale</b> <b>2424 W. Tampa Bay Blvd., Unit L-407</b> <b>Tampa, FL 33607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SD</del> <del>GLENN, DALE</del> <del>2424 W TAMPA BAY UNIT L407</del> <del>TAMPA FL</del> <input checked="" type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<b>SD</b> <b>Houk, Michael</b> <b>2424 W. Tampa Bay Blvd., Unit H-205</b> <b>Tampa, FL 33607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>KLEIN, PETER</b> <b>2424 TAMPA BAY BLVD UNIT K201</b> <b>TAMPA FL</b> <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>D</b> <b>Deal, John</b> <b>2424 W. Tampa Bay Blvd., Unit G-102</b> <b>Tampa, FL 33607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> <del>FEHRENBACHER, JANET</del> <del>2424 W TAMPA BAY BLVD, C-106</del> <del>TAMPA FL</del> <input checked="" type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<b>D</b> <b>Gerhart, Kathy</b> <b>2424 W. Tampa Bay Blvd., Unit K-203</b> <b>Tampa, FL 33607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>SWEET, MARTHA</b> <b>2424 W TAMPA BAY BLVD, B-102</b> <b>TAMPA FL</b> <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<b>D</b> <b>Sterling, Christine</b> <b>2424 W. Tampa Bay Blvd., Unit M-201</b> <b>Tampa, FL 33607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marttha Sweet* DATE: Feb 7 1996 DAYTIME PHONE #: 873-7396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)