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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766128** (3)

1. Corporation Name

THE MARINA CLUB OF TAMPA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2424 WEST TAMPA BAY BLVD # D-106 TAMPA FL 33607-1350 US	Mailing Address 2424 WEST TAMPA BAY BLVD # D-106 TAMPA FL 33607-1335 US
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3. Date Incorporated or Qualified **12/14/1982** 3a. Date of Last Report **02/13/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

9. Name and Address of Current Registered Agent

**MEZER, STEVEN H PA
1212 COURT ST.
STE. B
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLENN, DALE	
STREET ADDRESS	2424 WEST TAMPA BAY BLVD, UNIT L-104	
CITY- ST- ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOUK, MICHAEL	
STREET ADDRESS	2424 WEST TAMPA BAY BLVD, UNIT H-205	
CITY- ST- ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KLEIN, PETER	
STREET ADDRESS	2424 TAMPA BAY BLVD UNIT K201	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAL, JOHN	
STREET ADDRESS	2424 WEST TAMPA BAY BLVD, UNIT G-102	
CITY- ST- ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWEET, MARTHA	
STREET ADDRESS	2424 W TAMPA BAY BLVD, B-102	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERLING, CHRISTINE	
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT M-201	
CITY- ST- ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD WALVOORD, KATHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2424 W. TAMPA BAY BLVD Unit- B206	
1.3 STREET ADDRESS	TAMPA, FL	
1.4 CITY- ST- ZIP		
2.1 TITLE	VD SCHUELLES, CHRIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2424 W. TAMPA BAY BLVD - Unit- M402	
2.3 STREET ADDRESS	TAMPA	
2.4 CITY- ST- ZIP		
3.1 TITLE	SD PAYNE, PAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2424 W. TAMPA BAY BLVD - Unit- B207	
3.3 STREET ADDRESS	TAMPA, FL	
3.4 CITY- ST- ZIP		
4.1 TITLE	TD BAUNOZZI, JAMES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2424 W. TAMPA BAY BLVD - Unit- B104H	
4.3 STREET ADDRESS	TAMPA FL	
4.4 CITY- ST- ZIP		
5.1 TITLE	D MARTIN, ANTHONY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2424 W. TAMPA BAY BLVD - Unit- B-108	
5.3 STREET ADDRESS	TAMPA, FL	
5.4 CITY- ST- ZIP		
6.1 TITLE	D GERHART, KATHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2424 W. TAMPA BAY BLVD - Unit- K203	
6.3 STREET ADDRESS	TAMPA, FL	
6.4 CITY- ST- ZIP		

14. I do 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 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:  3-18-97 977-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047439

CR2E037 (9/96)