

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90008 048 \*\*\*\*61.25

**DOCUMENT # 766128**

1. Corporation Name

**THE MARINA CLUB OF TAMPA HOMEOWNERS' ASSOCIATION  
INC.**

Principal Place of Business

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US

Mailing Address

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US

618654 - 90008 - 48



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2396362	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LERNER, PATRICIA**  
**420 WEST PLATT STREET**  
**TAMPA FL 33606**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALVOORD, KATHY	1.2 NAME	Chris Schoellies
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT B-206	1.3 STREET ADDRESS	2424 W. Tampa Bay Blvd M-402
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOELLES, CHRIS	2.2 NAME	John Nicolette
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT M-402	2.3 STREET ADDRESS	2904 W. Columbus Dr.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, CHRISTINE	3.2 NAME	Kathy Gerhart
STREET ADDRESS	2424 W TAMPA BAY BLVD, UNIT M-201	3.3 STREET ADDRESS	2424 W. Tampa Bay Blvd.K-203
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENKLE, SUSAN	4.2 NAME	Howard Iken
STREET ADDRESS	2424 W TAMPA BAY BLVD, UNIT H-205	4.3 STREET ADDRESS	2424 W. Tampa Blvd. I-106
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ANTHONY	5.2 NAME	Paul Payne
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT B-108	5.3 STREET ADDRESS	2424 W. Tampa Bay Blvd. B-207
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHART, KATHY	6.2 NAME	Kay Tenuta
STREET ADDRESS	2424 W. TAMPA BAY BLVD., UNIT K-203	6.3 STREET ADDRESS	2424 W. Tampa Bay Blvd. K-101
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33607

14. 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 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, with all other like empowered.

SIGNATURE: *X* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR3E037 (5/99)