

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

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90153 038 \*\*\*\*61.25

**DOCUMENT # 766128**

1. Entity Name

THE MARINA CLUB OF TAMPA HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business

2424 W TAMPA BAY BLVD  
D-106  
TAMPA FL 33607  
US

Mailing Address

STERLING MANAGEMENT  
2880 SCHERER DRIVE #840  
SAINT PETERSBURG FL 33716  
US

2. Principal Place of Business

3. Mailing Address

2870 Scherer DR

Suite, Apt. #, etc.

Suite 100

City & State

City & State  
St. Petersburg, FL

Zip

Country

Zip

Country

33716

US

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2396362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KASS, SHULER PA  
1505 N. FLORIDA AVE.  
C/O RON TRYBUS  
TAMPA FL 33602

Check  
Address

7. Name and Address of New Registered Agent

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

*Ronald A. Trybus*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ASHWORTH, STEVEN	
STREET ADDRESS	2424 W TAMPA BAY BLVD, #A209	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, LYNN	
STREET ADDRESS	2424 W TAMPA BAY BLVD. M-201	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MIRA, PATTY	
STREET ADDRESS	2424 W TAMPA BAY BLVD D202	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STERLING, CHRISTINA	
STREET ADDRESS	2424 W TAMPA BAY BLVD, #M201	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEDARBURG, JIM	
STREET ADDRESS	2424 W TAMPA BAY BLVD, #G108	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARAGLIANO, GREG	
STREET ADDRESS	2424 W TAMPA BAY BLVD, #G203	
CITY-ST-ZIP	TAMPA FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTH AUS, PAUL	
STREET ADDRESS	2424 W TAMPA BAY BLVD #1206	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, ROBERT	
STREET ADDRESS	2424 W TAMPA BAY BLVD #C201	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, STEVEN	
STREET ADDRESS	2424 W TAMPA BAY BLVD #1201	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, DOROTHY	
STREET ADDRESS	2424 W TAMPA BAY BLVD #B107	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERLING, CHRISTINE	
STREET ADDRESS	2424 W TAMPA BAY BLVD #M201	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESLINO, ANTHONY	
STREET ADDRESS	2424 W TAMPA BAY BLVD #F204	
CITY-ST-ZIP	TAMPA, FL 33607	

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:

*Ronald A. Trybus*

4/6/06 813-822-4522P