

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766128

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** THE MARINA CLUB OF TAMPA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

STERLING MANAGEMENT  
2880 SCHERER DRIVE STE #100  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 59-2396362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARRISON, WETHERINGTON H  
1010 M. FLORIDA AVE.  
TAMPA, FL 33602 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACTON, CHARLES  
Address: 2424 W TAMPA BAY BLVD #C111  
City-St-Zip: TAMPA, FL 33607

Title: VPD  
Name: HOLTHAUS, PAUL  
Address: 2424 W. TAMPA BAY BLVD #I-206  
City-St-Zip: TAMPA, FL 33697

Title: T  
Name: WILLIERS, RAY  
Address: 2424 W. TAMPA BAY BLVD. #C-108  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: FAULK, ELIZABETH  
Address: 2424 W. TAMPA BAY BLVD M408  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: SILKABAKKER, DON  
Address: 2424 W. TAMPA BAY BLVD B-109  
City-St-Zip: TAMPA, FL 33607

Title: SD  
Name: PEREZ, AUDREY  
Address: 2424 W. TAMPA BAY BLVD #B-105  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES ACTON

PD

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date