

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90137 016 ****61.25

DOCUMENT # 768916

1. Entity Name

MARINA BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1101
 WINDERMERE FL 34786

P.O. BOX 1101
 WINDERMERE FL 34786-1101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2895147

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORNETTA, MARK A
11035 SCHOONER WAY
WINDERMERE FL 34256

7. Name and Address of New Registered Agent

Name

Beltz, Richard C

Street Address (P.O. Box Number is Not Acceptable)

11039 Clipper Ct.

City

Windermere

FL

Zip Code

34786

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature] **1/23/00**

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, WILLIAM	
STREET ADDRESS	2214 WHALER WAY	
CITY-ST-ZIP	WINDERMERE FL 34780	
TITLE	STD.	<input checked="" type="checkbox"/> Delete
NAME	TORNETTA, MARK	
STREET ADDRESS	11035 SCHOONER WAY	
CITY-ST-ZIP	WINDERMERE FL 34286	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ANOKA, GAIL	
STREET ADDRESS	11072 CLIPPER COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Change	<input checked="" type="checkbox"/> Addition
NAME	Ziton, B. II		
STREET ADDRESS	11049 Clipper Ct.		
CITY-ST-ZIP	Windermere, FL 34786		
TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Beltz, Rick		
STREET ADDRESS	11039 Clipper Ct.		
CITY-ST-ZIP	Windermere, FL 34786		
TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kelly, Patrick		
STREET ADDRESS	11063 Clipper Ct.		
CITY-ST-ZIP	Windermere, FL 34786		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00

Date

407-644-9333

Daytime Phone #