

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # 768916

1. Entity Name
 MARINA BAY HOMEOWNERS ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business P.O. BOX 1101 WINDERMERE FL 34786 | Mailing Address P.O. BOX 1101 WINDERMERE FL 34786 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2895147 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELTA RICHARD C
11039 CLIPPER CT.

WINDERMERE FL 34786

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 **RICHARD C. BELTZ** 04/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | VPD | <input type="checkbox"/> Delete | |
| NAME | KELLY PATRICK | | |
| STREET ADDRESS | 11063 CLIPPER CT. | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | |
| TITLE | STD | <input type="checkbox"/> Delete | |
| NAME | BELTE RICH | | |
| STREET ADDRESS | 1103G CLIPPER CT. | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | |
| TITLE | PD | <input type="checkbox"/> Delete | |
| NAME | ZITON BILL | | |
| STREET ADDRESS | 1104 P CLIPPER CT. | | |
| 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 | | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|---|----------------------------|--|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | STD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BELTZ RICH | | |
| STREET ADDRESS | 11039 CLIPPER CT. | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ZITON BILL | | |
| STREET ADDRESS | 11040 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)(f), 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: Richard C. Beltz STD 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)