2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 09, 2003 8:00 am **Secretary of State DOCUMENT # 768916** 1. Entity Name 01-09-2003 90016 017 ****61.25 MARINA BAY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 1101 P.O. BOX 1101 WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2895147 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, FILL Street Address (P.O. Box Number is Not Acceptable) 2214 WHALER WAY WINDERMERE FL 34786 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 Signature, typed or printed name of registered agent and title if applicable. 🤇 SUITA 3 Q.m 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11: ~ -PD TITLE Delete TITLE Addition Change BERNARD, PHILIP Jim Frasso NAME 11052 Schooner way STREET ADDRESS 11064 CLIPPER COURT STREET ADDRESS CITY-ST-ZIF WANDERMERE FL 34786 CITY-ST-ZIP windermere. TD TITLE Delete TITLE Change ☐ Addition PETERSON, BILL NAME NAME STREET ADDRESS 2214 WHALER WAY STREET ADDRESS CITY-ST-ZIE Windermere FL 34786 CITY-ST-ZIP TITLE Tresident Delete TITLE Change Addition TAEGER, PAUL NAME Barbara P STREET ADDRESS 11055-PLIPPERT CT 2214 whaler way STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a) other like empowered.

CITY-ST-ZIP

STREET ADDRESS

Peterson

TITLE

NAME

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Y06/03 407-876-5966

☐ Change

Addition

FILED

(10/02)CR2E037