

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95549

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** MARINA BEACH ASSOCIATES, INC.

**Current Principal Place of Business:**

BRADLEY C. MULLINS  
6800 SUNSHINE SKYWAY LANE  
ST. PETERSBURG, FL 33711 US

**New Principal Place of Business:**

**Current Mailing Address:**

% BRADLEY C. MULLINS  
401 NORTH CARROLL STREET  
MADISON, WI 53703 US

**New Mailing Address:**

**FEI Number:** 59-2853913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOLPE, MICHAELL  
711 FIFTH AVENUE SOUTH  
NAPLES, FL 341026628 US

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

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: DT  
Name: MULLINS, CAROL M.  
Address: 401 N. CARROLL ST  
City-St-Zip: MADISON, WI

Title: V  
Name: MULLINS, JEROME J JR.  
Address: 6800 SUNSHINE SKYWAY LANE  
City-St-Zip: ST PETERSBURG, FL

Title: PS  
Name: MULLINS, CAROL M  
Address: 401 N CARROLL ST  
City-St-Zip: MADISON, WI 53703

Title: D  
Name: MULLINS, MAUREEN A  
Address: 401 N CARROLL ST  
City-St-Zip: MADISON, WI 53703

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN A MULLINS

D

01/04/2012

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

\_\_\_\_\_  
Date