2001 UNIFORM BUSINESS REPORT (UBR)

4/9/01

FILED
May 24, 2001 8:00 am
Secretary of State
04-09-2001 90045 032 ****61.25

DOCUMENT # N00000003195

1. Entity Name

MARINA BAY-FLAGLER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CENTEX REALTY, INC. 6620 SOUTHPOINT DRIVE SOUTH SUITE 400 JACKSONVILLE FL 32216	C/O CENTEX REALTY, INC. ~~6620 SOUTHPOINT DRIVE SOUTH SUITE 400~~ ~~JACKSONVILLE FL 32216~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O BOX 1509
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St Augustine FL
Zip / Country	Zip: 32085 / Country: US

4. FEI Number: 59-3651589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV
~~10110 SAN JOSE BLVD.~~ 5455 A1A South
~~JACKSONVILLE FL 32257~~ St Augustine FL 32080

7. Name and Address of New Registered Agent

Name: Arinie Mores

Street Address (P.O. Box Number is Not Acceptable): 5455 A1A South

City: St Augustine FL Zip Code: 32085

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: Clinton F. Smith Arinie Mores 4/02/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $81.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D Clinton Smith 6620 Southpoint Dr So. #400 Jacksonville, FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D Roger Gannon 6620 Southpoint Dr So #400 Jacksonville, FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Lenihan D 385 Douglas Ave ste 2000 Altamonte Spring FL 32714	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

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 Clinton F. Smith 4/02/01 (904) 332-5247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Pres. — Date — Daytime Phone #