

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90002 003 ****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

PO BOX 1509
 ST. AUGUSTINE FL 32085

0 2 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

May Management
 Suite, Apt. #, etc.
 5455 AIA South

May Management
 Suite, Apt. #, etc.
 5455 AIA S.

City & State
 St Augustine, FL

City & State
 St Augustine, FL

Zip
 32080

Country
 US

Zip
 32080

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

7. Name and Address of New Registered Agent

MARKS, ANNIE
5455 AIA SOUTH
ST. AUGUSTINE FL 32080

Name

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

City

FL

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.

SIGNATURE

Simone M. Merritt

02-05-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **SMITH, CLINTON**
 STREET ADDRESS **6620 SOUTHPOINT DR S. #400**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Lynne Bass**
 STREET ADDRESS **5655 Barna Av;**
 CITY-ST-ZIP **Titusville, Fl. 32780**

TITLE **VPD** ☒ Delete
 NAME **EANNON, ROGER**
 STREET ADDRESS **6620 SOUTHPOINT DR S. #400**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **William J. Sheaffer**
 STREET ADDRESS **609 East Central Blvd.**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☒ Delete
 NAME **LENIHAN, JOHN**
 STREET ADDRESS **385 DOUGLAS AVE, STE 2000**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Sec** ☒ Change ☐ Addition
 NAME **John Frazier**
 STREET ADDRESS **4334 Otter Court**
 CITY-ST-ZIP **Fernando Bch FL 32834**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Simone M. Merritt**
 STREET ADDRESS **300 Marina Bay Drive #201**
 CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Steven G. Mason**
 STREET ADDRESS **1643 Hilkrest Street**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Simone M. Merritt

02-05-02

Date

Daytime Phone #

CR2E037 (9/01)