2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am Secretary of State DOCUMENT # N0000003931 MARBELLA OF ANNA MARIA ISLAND CONDOMINIUM ASSOCI 03-03-2002 90118 020 ****61.25 Principal Place of Business Mailing Address 1900 GULF DRIVE NORTH 1900 GULF DRIVE NORTH BRADENTON FL -04271-BRADENTON FL 34271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1014938 Not Applicable \$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 DYKYHOURN-JACOB-6-**130 EAST CENTRAL AVENUE** -LAKE WALES FL 93853 City 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. (NOTE: Begistered Agent signature required when reinstation) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition TITLE TITLE Change STD" NAME NAME SCHECK, JOHN W 1 STREET ADDRESS STREET ADDRESS 2998 PLANTATION ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PD 😘 NAME TOUCHTON: JOHN R NAME STREET ADDRESS STREET ADDRESS 74 RYANN NICOLE COURT CITY-ST-ZIP CITY-ST-ZIE <u>winter haven fl</u> TITLE Delete TITLE Change Addition NAME NAME WILLIS, LINDA STREET ADDRESS STREET ADDRESS 4019 89TH STREET EAST CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME ROSSITER, LEO STREET ADDRESS STREET ADDRESS 909 MCINTOSH DRIVE CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 🔀 Addition ☐ Delete Karen Walker NAME STREET ADDRESS STREET ADDRESS 2100 Dynamite Road CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachm

SIGNATURE: