


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90014 010 ****61.25

DOCUMENT # N02000009763 1. Entity Name MARILYN PINES UNIT II CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 1474 WOODLANDS PKWY PALM HARBOR, FL 34685			Mailing Address 1474 WOODLANDS PKWY PALM HARBOR, FL 34685				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PFISTER, RUDY 2060 MARILYN ST #123 CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ Mike Gruen 2060 Marilyn St #126 Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRUMAKER, JOE 2060 MARILYN STREET #230 CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ Shirley Angelini 2060 Marilyn St #128 Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRUEN, MIKE 2060 MARILYN ST #126 CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ Mary Tenenbaum 2060 Marilyn St #139 Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURLAKER, CHARLES 2060 MARILYN STREET #142 CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joe Trimaarche 2060 Marilyn St #230 Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NAZZARO, BARBARA 2060 MARILYN STREET # 138 CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rudy Pfister</u> <u>Rudy Pfister</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>2/22/06</u> <u>727-785-8887</u> <small>Date Daytime Phone #</small>			

50001891



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1583853

Applied For
Not Applicable

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