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2001 UNIFORM BUSINESS REPÓRT (UBR)

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DOCUMENT # NO4303 1. Entity Name							Jun 06, 2001 8:00 am Secretary of State					
MARTY-LEE CONDOMINIUM ASSOCIATION, INC.					•			05-10-20	01 90203 0	11 *	***61.25	
Principal Pla	ace of Business	 ;	Mailing Address			·						
MARTY LEE CONDOMINIUM ASSOC INC 8415 B NORTH ALBANY AVE TAMPA FL 33604 US			MARTY LEE CONDOMINIUM 8415-B NORTH ALBANY AVE TAMPA FL 33604 US									
2. Principal	Place of Busine	SS	3. Mailing Address			-						
Suite Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE	N THIS SPACE	:		
City & State			City & State	_			4. FEI Numb	er NOT APPLICA	BLE	-+-	plied For t Applicable]
Zip Country			Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6Name a	nd Address of Current	Registered Agent	<u>-</u>			7. Name and	Address of New Reg	stered Agent			
				_	Name	<u> </u>	·M C . N	1 12:010				7
MIKELONIS, ANDREW 8415-B NORTH ALBANY AVE.				<u>-</u>	Street		P.O. Box Number is Not Acceptable) N. HIDANY AVE				_	
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TAMPA FL 33604					City	TAN	DA FL 33604				-	
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		TP_		•				2	امادا			1
SIGNATURE		printed name of registered agent	and title if applicable. (NOTI	E: Fagisters	d Agent signs	ature required t	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25			Election Campaign Trust Fund Contrib		ing 🗆		May Be to Fees		Make Check Payable to Department of State			
10		OFFICERS AND DIF	RECTORS	11.		Α	DDITIONS/CH	ANGES TO OFFICERS	AND DIRECTO	RS IN	10	1
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NAME	SHAMBURG	ER, DOROTHY — ITH ALBANY AVE	OBIELE CO. F.	NAM								·
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iz. I nereby c	ertuv that the in	formation supplied with	this filing does not qualify for	un⊝ exer	mpuon sta	ilea in Sect	10(3)/11/19 1 100	j, monga statutes. I fulti	HER CELLITY (DAT	JE IN	л таист (

indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under other that 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: _

WHATUME HEGUIDED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR LIRECTOR 813 8708355