

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90131 018 \*\*\*\*61.25

**DOCUMENT # N17051**

1. Entity Name

**MARIE'S YACHT HARBOR CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

150 AVE I  
COCO PLUM BEACH  
MARATHON FL 33050  
US

Mailing Address

P O BOX 522822  
COCO PLUM BEACH  
MARATHON FL 33052  
US

20488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2819375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COATES, WILLIAM J  
10887 OVERSEAS HWY  
MARATHON FL 33050

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	FERENCI, DONNA	
STREET ADDRESS	10877 OVERSEAS HWY, UNIT 15	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DENNIS, KAREN	
STREET ADDRESS	2138 HARBOR DRIVE	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WUTZER, WILLIAM S	
STREET ADDRESS	2108 CENTRAL AVE., UNIT 2	
CITY-ST-ZIP	SEASIDE PARK NJ 08753	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORACHEK, TOM	
STREET ADDRESS	30 S CONCH AVE	
CITY-ST-ZIP	CONCH KEY FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARIE	
STREET ADDRESS	231 GRANDVIEW DR	
CITY-ST-ZIP	SNEADS FERRY NC 28460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark Pierson	
STREET ADDRESS	2179- 91st Ct. Ocean	
CITY-ST-ZIP	Marathon FL 33050	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Cavender	
STREET ADDRESS	P.O. Box 511202	
CITY-ST-ZIP	Key Colony Beach FL 33051	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard P. DuBois	
STREET ADDRESS	P.O. Box 523192	
CITY-ST-ZIP	Marathon Shores FL 33052	
TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	marie Smith	
STREET ADDRESS	2421 Grouper Dr.	
CITY-ST-ZIP	Marathon FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark Pierson* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 305-481-4539

CR2E037 (9/01)