

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90032 045 \*\*\*\*61.25

**DOCUMENT # N23228**

1. Entity Name  
**MARINA PARK HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**C/O LAMONT MANAGEMENT  
250 140TH AVENUE  
TREASURE ISLAND, FL 33706 US**

Mailing Address  
**C/O LAMONT MANAGEMENT  
250 140TH AVENUE  
TREASURE ISLAND, FL 33706 US**

40040430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2897475**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMONT, SUE A  
250 140TH AVENUE  
TREASURE ISLAND, FL 33706**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete  
NAME **HELTON, MAUREEN**  
STREET ADDRESS **9172 BLIND PASS RD.**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE **SD** ☐ Delete  
NAME **DALBO, ELIZABETH**  
STREET ADDRESS **9154 BLIND PASS ROAD**  
CITY-ST-ZIP **ST PETERSBURG BEACH, FL 33706**

TITLE **D** ☒ Delete  
NAME **KINKEAD, DAWN**  
STREET ADDRESS **KINKEAD BLIND PASS RD.**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE **DP** ☐ Delete  
NAME **BRADLEY, ERICKSON**  
STREET ADDRESS **9170 BLIND PASS RD**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE **VP** ☐ Delete  
NAME **ROMANO, JUDY**  
STREET ADDRESS **9160 BLIND PASS RD**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **CARL JOHNSON**  
STREET ADDRESS **9158 BLIND PASS RD.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Maureen Helton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/08**

Date

Daytime Phone #