

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N23228

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



FILED

08 OCT -9 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



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

3. Mailing Address

09292008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2897475

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
ELIZABETH DALBO

Street Address (P.O. Box Number is Not Acceptable)
9154 BLIND PASS RD

City
ST. PETE BEACH FL Zip Code
33706

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

Amended AR is \$61.25

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, CARL
9158 BLIND PASS RD.
SAINT PETERSBURG, FL 33706 ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000136819600
10/10/08--01038--016 **\$61.25

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERICKSON, ELOYNE ☒ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELIZABETH K. DALBO

10/6/08

727/643-7525