## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23228

FILED Apr 22, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O LAMONT MANAGEMENT 9150 BLIND PASS ROAD

250 140TH AVENUE ST PETERSBURG BEACH, FL 33706 US

TREASURE ISLAND, FL 33706 US

Current Mailing Address: New Mailing Address:

C/O LAMONT MANAGEMENT 9172 BLIND PASS ROAD

250 140TH AVENUE ST PETERSBURG BEACH, FL 33706 US

TREASURE ISLAND, FL 33706 US

FEI Number: 59-2897475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DALBO, ELIZABETH
9154 BLIND PASS ROAD
HELTON, MAUREEN
9172 BLIND PASS ROAD

ST.PETERSBURG BEACH, FL 33706 US ST.PETERSBURG BEACH, FL 33706 US

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: MAUREEN HELTON 04/22/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change( ) Addition

Name:DALBO, ELIZABETHName:DALBO, ELIZABETHAddress:9154 BLIND PASS ROADAddress:9154 BLIND PASS ROAD

City-St-Zip: ST PETERSBURG BEACH, FL 33706 City-St-Zip: ST PETERSBURG BEACH, FL 33706 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 ERICKSON, ELOYNE
 Name:
 ERICKSON, ELOYNE

 Address:
 9170 BLIND PASS RD
 Address:
 9170 BLIND PASS RD

City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: ST PETERSBURG BEACH, FL 33706 US

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$ 

 Name:
 ROMANO, JUDY
 Name:
 ROMANO, JUDY

 Address:
 9160 BLIND PASS RD
 Address:
 9160 BLIND PASS RD

City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: ST PETERSBURG BEACH, FL 33706 US

Title: Title: T ( ) Change (X) Addition

Name: Name: SKIPPER, DEBRA
Address: Address: 9168 BLIND PASS ROAD

City-St-Zip: City-St-Zip: ST PETERSBURG BEACH, FL 33706 US

Title: S ( ) Delete Title: S ( ) Change (X) Addition

| Name: | Name: HELTON, MAUREEN |
| Address: | 9172 BLIND PASS ROAD

City-St-Zip: City-St-Zip: ST PETERSBURG BEACH, FL 33706 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SKIPPER T 04/22/2009