

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91542 048 ****61.25

DOCUMENT # N23977

1. Entity Name

**THE INNLET AT PONTE VEDRA BEACH MASTER ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 330507
ATLANTIC BEACH FL 32233-0507
US

P.O. BOX 330507
ATLANTIC BEACH FL 32233-0507
US

2. Principal Place of Business

Marvin Real Estate

3. Mailing Address

Marvin Real Estate

Suite, Apt. #, etc.

1835 N. 3rd. St.

Suite, Apt. #, etc.

P.O. Box 330026

City & State

Jax Beach FL

City & State

Atlantic Beach FL

Zip

Country

32250

Zip

Country

32233

USA

4. FEI Number

59-3644033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARVIN, SONIA
1835 N. 3RD STREET
JACKSONVILLE FL 32250**

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.

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

TITLE **D** ☐ Delete
NAME **SUCHECKI, ADAM**
STREET ADDRESS **28 SEAWINDS LANE NORTH**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **COMPACK, GEORGE W**
STREET ADDRESS **17 SEAWINDS LANES**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **MARCEL, CHRISTINE**
STREET ADDRESS **208 SEA COAST LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **SILICK, DAVID A**
STREET ADDRESS **145 SEA LILY LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **VD** ☒ Change ☐ Addition
NAME **Corrick, George**
STREET ADDRESS **17 Sea Winds Lane S.**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **SD** ☒ Change ☐ Addition
NAME **Mercel, Christine**
STREET ADDRESS **208 Sea Coast Lane**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **PD** ☒ Change ☐ Addition
NAME **Sillick, David**
STREET ADDRESS **145 Sea Lily Lane**
CITY-ST-ZIP **Ponte Vedra Beach, FL. 32082**

TITLE **TD** ☐ Change ☒ Addition
NAME **Auerbach, Ralph**
STREET ADDRESS **113 Sea Lily Lane**
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

CR2E037 (9/01)