## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: LANDARDE HERAU!

## Mar 06, 2002 8:00 am Secretary of State **DOCUMENT # N27085** 03-06-2002 90018 017 \*\*\*\*61.25 THE MARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 722 PINELLAS BAYWAYS 722 PINELLAS BAYWAYS 107 TIERRA-VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2904183 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COHEN, DAVID R. 722 PINELLAS BAYWAYS # 107 Zin Code City TIERRA VERDE FL 33715 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE COHEN, DAVID R NAME NAME 722 PINELLAS BAYWAYS # 107 STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 VPD CABETH ELMEET Change A 22 PINEILAS BAYWAY 5. #103 CIERRA VELLE, F.1. 33715 ☐ Addition TITLE TITLE ☐ Delete CARR, FRANK NAME 722 PINELLAS BAYWAYS # 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP=-CITY-ST-ZIP-~ TIERRA-VERDE FL-33715 ☐ Addition ☐ Delete TITLE TITLE Planthaber, Mary NAME NAME STREET ADDRESS 722 PINELLAS BAYWAYS # 104 STREET ADDRESS TIERRA VERDE FL 33715 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 earlier 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 is changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Statutes; and that my name appears in Block 10 or Block 11 if