

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:00

REINSTATEMENT 04

DOCUMENT # N27085	
1. Entity Name THE MARK CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business C/O CONOMINIUM ASSOCIATION GROUP, INC PO BOX 47068 ST. PETERSBURG, FL 33743	Mailing Address C/O CONOMINIUM ASSOCIATION GROUP, INC PO BOX 47068 ST. PETERSBURG, FL 33743
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11012004 REIN-NP CR2E099 (6/04) MRS

6. Name and Address of Current Registered Agent ELMEER, ELIZABETH 722 PINELLAS BAY WAY, #103 TIERRA VERDE, FL 33715		7. Name and Address of New Registered Agent Name: <u>Ronald D. Wetton</u> Street Address (P.O. Box Number is Not Acceptable): <u>5444 Park Blvd. #101</u> City: <u>Pinellas Park</u> FL Zip Code: <u>33781</u>	
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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] (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ELMEER, ELIZABETH STREET ADDRESS: 722 PINELLAS BAY WAY, #103 CITY-ST-ZIP: TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE: PD NAME: John Bee STREET ADDRESS: 722 Pinellas Bayway #64 CITY-ST-ZIP: Tierra Verde, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: VPD NAME: KNEBES, SUE STREET ADDRESS: 722 PINELLAS BAY WAY, #103 CITY-ST-ZIP: TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Steve Fox STREET ADDRESS: 722 Pinellas Bayway #102 CITY-ST-ZIP: Tierra Verde, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: BIEZ, MARGARET STREET ADDRESS: 722 PINELLAS BAY WAY, #103 CITY-ST-ZIP: TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Mark Johnson STREET ADDRESS: 722 Pinellas Bayway #105 CITY-ST-ZIP: Tierra Verde, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 12/8/04 727-381-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #