

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90033 026 \*\*\*\*61.25

**DOCUMENT # N27085**

1. Entity Name

**THE MARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**722 PINELLAS BAYWAYS  
107  
TIERRA VERDE FL 33715**

Mailing Address

**722 PINELLAS BAYWAYS  
107  
TIERRA VERDE FL 33715**

2. Principal Place of Business

**722 PINELLAS BAYWAY**

Suite, Apt. #, etc.

**#103**

City & State

**TIERRA VERDE FL**

Zip

**33715**

Country

**USA**

3. Mailing Address

**722 PINELLAS BAYWAY**

Suite, Apt. #, etc.

**#103**

City & State

**TIERRA VERDE FL**

Zip

**33715**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2904183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, DAVID R.  
722 PINELLAS BAYWAYS  
# 107  
TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent

Name

**ELIZABETH ELMEER**

Street Address (P.O. Box Number is Not Acceptable)

**722 PINELLAS BAYWAY #103**

City

**TIERRA VERDE FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Elizabeth Elmeer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*January 21-03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COHEN, DAVID R<br>722 PINELLAS BAYWAYS # 107<br>TIERRA VERDE FL 33715     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ELMEER, ELIZABETH<br>722 PINELLAS BAYWAY S #103<br>TIERRA VERDE FL 33715 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>PLANTHABER, MARY<br>722 PINELLAS BAYWAYS # 104<br>TIERRA VERDE FL 33715  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ELIZABETH ELMEER<br>722 PINELLAS BAYWAY #103<br>TIERRA VERDE FLORIDA 33715 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SUE KNEGES<br>722 PINELLAS BAYWAY #106<br>TIERRA VERDE FLORIDA 33715      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MARGARET BICZ<br>722 PINELLAS BAYWAY #107<br>TIERRA VERDE FLORIDA 33715   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

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: X** *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 21-03* (127)

DATE

Daytime Phone #

CR2E037 (10/02)