2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N28448 1. Entity Name 04-27-2006 90153 036 ****61.25 THE MARINA CLUB OF TAMPA BUILDING M CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2424 W. TAMPA BAY BLVD STERLING MANAGEMENT 2880 SCHERER DR #840 ST. PETERSBURG FL 33607 **TAMPA FL 33607** 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For 59-2909936 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent · · WETHENINGTON, HAMILTON, HARRISON + FAIR Street Address (P.O. Box Number is Not Acceptable) 1010 N. FloridA AUS TAMPA FL 33602 /AMPA, F1. 33602 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ΡĐ TITLE **⊠** Delete TITLE SUAREZ, LYNN NAME NAME 2424 W TAMPA BAY BLVD #M201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP SD ☐ Delete TITLE ☐ Addition TITLE ☐ Change DEVERA, NICK NAMÉ NAME STREET ADDRESS 2424 W TAMPAP BAY BLVD M-408 STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP CITY-ST-ZIP TD TITLE □ Delete ☐ Change Addition NAME STERLING, CHRISTINE NAME 2424 W. TAMPA BAY BLVD M201 STREET ADDRESS STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of suppliemental 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 of the receiver or trustee corporation of the corporation of the receiver or trustee corporation of the corporation of the receiver or trustee corporation of the receiver of the receiver of the receiver or trustee corporation of the receiver of t

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