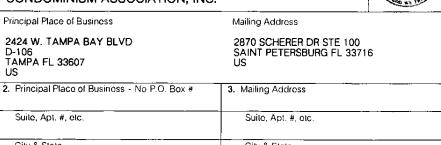
302007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N28448

1. Entity Name

THE MARINA CLUB OF TAMPA BUILDING M CONDOMINIUM ASSOCIATION, INC.



FILED Feb 23, 2007 8:00 am Secretary of State

02-23-2007 90025 012 ****61.25



1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2909936 Not Applicable Zip Country Zip Country \$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 Name WETHENINGTON, HAMILTON, HARRISON + FAIR Stroot Address (P.O. Box Number is Not Acceptable) 1010 N FLORIDA AVE **TAMPA FL 33602** City 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 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 \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE ☐ Delete TITLE Change ☐ Addition NAME DEVERA, NICK NAME STREET ADDRESS 2424 W TAMPAP BAY BLVD M-408 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CUY-SI-7IP TITLE ■ Delete TITLE Change ☐ Addition NAME STERLING, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 2424 W. TAMPA BAY BLVD M201 CITY-ST-ZIP CHY-ST-ZIP **TAMPA FL 33607** TITLE Delete THEF NAME NAME MCGREEVY, PAT GNEEVY, PAt STREET ADDRESS STREET ADDRESS 2424 W TAMPA BAY BLVD M 401 CHY-SI-ZIP **TAMPA FL 33607** CITY-ST-7IP THE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADORLSS CITY-ST-ZIP CHY-SI-7IP IIIE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THEF ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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.

SIGNATUR	Ε	:
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Trumindo De Vora - ARMANDO DEVERA

2-14-2007 813-870-2493