## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N37330

(0)

## ST. PETERSBURG MUNICIPAL MARINA TENANTS, INC.

Principal Place of Business Mailing Address							11 <b>0101)                               </b>	
300 SECOND A	ve se	300 SECOND AVE. SE	300 SECOND AVE. SE					
ST. PETERSBURG FL 33701		#72						
U\$		ST. PETERSBURG FL 33701-3949 US				3. Date Incorporated or Qualified	3a. Date of Las	
		00				03/21/1990	07/12/	1996
2. Principal P	tace of Business	2s. Mailing Address	2s. Mailing Address			4. FEI Number	V	Applied For
21		26				59-3007730		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	# W	5 Additional
22		27				Fee Required		
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<b>23</b> ] Zip	Country	Zip Country						
·	<b>├</b> ──	, ·	30	<del></del>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25 9. Name and Address of Curr	29   rent Registered Agent	<u> 30 </u>	1301		10. Name and Address of New Registered Agent		
	<u> </u>			81	Name			
WII COY	ON, DENNIS				a	75 6 6 N N N N N N N N N N N N N N N N N		
	ID AVE., S.E.		82 Street Addre		Street Addre	ss (P.O. Box Number is Not Acceptab	e)	
#72	ID AVE., S.L.		t	83			<del></del>	
	ERSBURG FL 33701				<u></u>			
Si. FEIL	ENODONO FE 33701			84 (	City	· ·	FL  85   4	ip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Stati	ites, the at	ove-r	named corpo	wation submits this statement for the pon's board of directors. I hereby accep	rpose of changir	g its registered
office of r	egistered agent, or both, in the Sta im femiliar with, and accept the obl	ate of Fjorida. Such change was ligations of, Section 617.0503, F	authorized Iorida Stat	i by ti Jies.	ne corporatio	on's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	5 tonne Wilean	on TD	DEWN		whe	uscu c	1/23/9	7
,,,,,	Signature, typed or printed name of registered		<u> </u>	Agent	signature required	d when reinstating)	DATE	
12.	r	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		**********
THILE	SD	DELETE		1.1 TITLE			Chan	ge Addition
NAME	HAZELTINE, SHARISSA			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	300 - 2ND AVE., SE							
CITY-ST-ZIP	ST. PETERSBURG FL	☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Chan	ge Addition
TITLE	PD FVE	vittit					L. Onen	go L radition
NAME OTOTET ADDDESS	JOY, E.V.E. 800 89TH AVE N			2.2 NAME				
STREET ADDRESS	ST. PETERSBURG FL			2.3 STREET ADDRES				
CITY-ST-ZIP TITLE	TD	☐ DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Chan	ge
NAME	WILCOXON, DENNIS E.		3.2 NA			·		
STREET ADDRESS	300 2ND AVE SE #72				DORESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4. CITY-ST-ZIP		•		
TITLE	OT LEIGHOUDING IE	DELETE		4.1 TITLE		······································	☐ Chan	ge Addition
NAME			4. 2 N	ME				
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			4.4 CITY-ST-		1			
TOTLE		DELETE		5.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			5.2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIF				
TITLE		☐ DELETÉ		6.1 TITLE			☐ Char	ge Addition
NAME			6.2 NA	ME				
STREET ADDRESS				DEET 45	DDDCCC			
			6.3 51	KLE I AL	DDRESS			

14. I do 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 annual report or supplemental annual 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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Domis Micord U/23/97 80-505-

**FILED** 

Jan 31 1997 8:00am

. 1684/184 000 kini jeoga miel dini doji šišni šisni šišni šišni šišni šišni šišni šišni šišni šišni ildi:

Secretary of State