

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005218

1. Entity Name

MARLIN RUN CONDOMINIUM ASSOCIATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90077 016 ****61.25

Principal Place of Business Mailing Address
 3150 MATECUMBE KEY ROAD C/O PROFESSIONALLY YOURS
 PUNTA GORDA FL 33955 PO BOX 831
 CAPE CORAL FL 33910-0700
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 5000 BURNT STORE RD P.O. BOX 100831
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 PUNTA GORDA FL CAPE CORAL, FL 33910
 Zip Country Zip Country
 33955 US U.S.A.

4. FEI Number Applied For
 59-3236781 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OLSON, BARBARA
 PROFESSIONALLY YOURS INC
 1342 SW 48TH LANE #3
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERMER, LEE 404 GASPAR KEY LANE PUNTA GORDA FL 33955 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRON, ROBERT 108 ISLAMORADA PUNTA GORDA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIEGLER, BEVERLEY 414 GASPER KEY LANE PUNTA GORDA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGNER, CAROL 410 GASPER KEY LANE PUNTA GORDA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, SUSAN 422 GASPAR KEY LANE PUNTA GORDA FL 33955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYER, EUGENE 13203 WATKINS RD MARYSVILLE, OH 43040-8865 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOPORSKI, BILL 5606 W. SPRING KNOLL DR BAY CITY, MI 48706.5614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANN. SUSAN 800 FRIAR RD MILFORD, MI 48381 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIEGLER, CARL 12206 S 74TH LANE PALOS HEIGHTS, IL 60463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: SIGNATURE REQUIRED Date: 4/28/00 Daytime Phone # _____

CR2E037 (9/99)