

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004746**

1. Entity Name

BLANCHE BERGIN MARINA PARK, INC.



Principal Place of Business

2734 S.W. 24TH TERRACE  
MIAMI, FL 33145

Mailing Address

C/O LYNNE FIELDER  
P.O. BOX 420973  
SUMMERLAND KEY, FL 33042



03312004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0613185

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIELDER, LYNNE H  
19980 OVERSEAS HIGHWAY  
SUMMERLAND KEY, FL 33042

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000128205  
04/26/04-80025-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERGIN, PADRAIC A
STREET ADDRESS	2734 SW 24TH TERR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	BERGIN, TIMOTHY
STREET ADDRESS	490 LESROHDE DR
CITY-ST-ZIP	RAMROD KEY, FL 330421235
TITLE	D
NAME	BERGIN, MICHAEL
STREET ADDRESS	17909 LINDEN NORTH
CITY-ST-ZIP	SEATTLE, WA 98133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2004 305-872-0365

Date

Daytime Phone #