

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000004746	
1. Entity Name BLANCHE BERGIN MARINA PARK, INC.	



FILED

06 OCT -9 PM 4:46

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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
--	---

2. Principal Place of Business 490 Lesrohde Dr.	3. Mailing Address 490 Lesrohde Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ramrod Key, FL	City & State Ramrod Key, FL
Zip 33042	Zip 33042
Country	Country



06212006 REIN-NP CR2E099 (11/06) 05-06

4. FEI Number <del>65-0613485</del> 20-3793139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIELDER, LYNNE H 19980 OVERSEAS HIGHWAY SUMMERLAND KEY, FL 33042	
7. Name and Address of New Registered Agent Name Timothy J. Bergin Street Address (P.O. Box Number is Not Acceptable) 490 Lesrohde Dr. City Ramrod Key, FL Zip Code 33042	

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: <i>Timothy J. Bergin</i>	DATE: 10-3-06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGIN, PADRAIC A 2734 SW 24TH TERR MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Denise M. Bergin 3710 W. 25th Avenue Denver, CO 80211-4416 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGIN, TIMOTHY 490 LESROHDE DR RAMROD KEY, FL 330421235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T 500080641365 10/09/06--01052--021 **297.50 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGIN, MICHAEL 17909 LINDEN NORTH SEATTLE, WA 98133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Derren Doop 230 East Shore Dr. Summerland Key, FL 33042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Michael</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Timothy J. Bergin</i>	DATE: 10-3-06 (305-872-0365)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy J. Bergin, President	