

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N95000004746**

1. Entity Name  
**BLANCHE BERGIN MARINA PARK, INC.**



FILED  
06 OCT -9 PM 4: 46  
SECRETARY 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.

City & State  
**Ramrod Key, FL**

City & State  
**Ramrod Key, FL**

Zip  
**33042**

Country



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

4. FEI Number  
~~65-0613485~~ **20-3793139**

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

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: *Timothy J. Bergin* DATE: **10-3-06**

Signature, typed or printed name of registered agent and title, if applicable (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	
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	D BERGIN, TIMOTHY 490 LESROHDE DR RAMROD KEY, FL 330421235 <input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Phalio</i> <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	<b>S</b> 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	<b>D/P/T</b> 500080641365 10/09/06--01052--021 **297.50 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> 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	<input type="checkbox"/> Change <input 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Timothy J. Bergin* DATE: **10-3-06** (305-872-0365)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Timothy J. Bergin, President** Date Daytime Phone #