## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

THE STATE STATE DOCUMENT # N95000004746 07 APR 17 AM 8: 46 BLANCHE BERGIN MARINA PARK, INC. GREIDRY OF STATE ALLAHASSEE, FLORIDA Mailing Address Principal Plase of Business 490 LESROHDE DR 490 LESROHDE DR RAMROD KEY, FL 33042 RAMROD KEY, FL 33042 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 65-0613185 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGIN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 490 LESROHDE DR RAMROD KEY, FL 33042 City 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. I am familiar with, and accept 500099195105 04/27/07--01030--024 \*\*61 the obligations of registered agent. \*\*61,25 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. - Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. S TITLE Change Addition TITLE **Delete** BERGIN, TIMOTHY J. 490 Lesponde Dr. BERGIN, DENISE M NAME NAME 3710 W 25TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DENVER, CO 802114416 CITY-ST-7IP Ramrod Key, FL 33042 DPT TITLE ☐ Addition ☐ Delete TITLE DOOP, DERREN 230 EAST SHORE DR. BERGIN, TIMOTHY NAME NAME STREET ADDRESS STREET ADDRESS 490 LESROHDE DR CITY-ST-ZIP SUMMERLAND KEY, FL 33042

D Change Addition CITY-ST-ZIP RAMROD KEY, FL 330421235 TITLE Delete TITLE NAME DEMARIA, DONALD STREET ADDRESS 369 WEST SHORE DR. DOOP, DERREN NAME 230 EAST SHARE DR STREET ADDRESS CITY-ST-ZIP SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042 CITY-ST-ZIP Delete MUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this eport 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 er l<u>ike</u> empowered.

FICER OR DIRECTOR

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