

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000532

1. Entity Name

MARLIN RUN II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90184 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573

2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573-5914

2. Principal Place of Business

24301 Walden Center Drive

3. Mailing Address

24301 Walden Center Drive



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL 34134

City & State

Bonita Springs, FL 34134

4. FEI Number

59-3431185

Applied For

Not Applicable

Zip  
 34134

Country  
 USA

Zip  
 34134

Country  
 USA

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, ROBERT E  
 1904 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573

JAMES D. CULLEN  
 24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134

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

*James D. Cullen*

JAMES D. Cullen

4/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME JOHANSEN, ROGER B  
 STREET ADDRESS 550 ISLAMORADA BLVD.  
 CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE PD  Change  Addition  
 NAME David Bugno  
 STREET ADDRESS 524 Islamorada  
 CITY-ST-ZIP Punta Gorda, FL. 33955

TITLE VPD  Delete  
 NAME BUFFA, GASPER  
 STREET ADDRESS 514 ISLAMORADA BLVD  
 CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME ALBERT, ELEANOR  
 STREET ADDRESS 500 ISLAMORADA BLVD  
 CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE STD  Change  Addition  
 NAME William D. Jinkens  
 STREET ADDRESS 540 Islamorada  
 CITY-ST-ZIP Punta Gorda, FL. 33955

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of 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:

*James D. Cullen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00 941 639 1804