

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004744

1. Entity Name

MARLIN RUN III CONDOMINIUM ASSOCIATION, INC.

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

04-26-2000 90177 031 \*\*\*\*61.25

Principal Place of Business

2020 CLUBHOUSE DR  
 SUN CITY CENTER FL 33573

Mailing Address

2020 CLUBHOUSE DR  
 SUN CITY CENTER FL 33573-5914

2. Principal Place of Business

24301 Walden Center Drive

3. Mailing Address

24301 Walden Center Drive

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

59-3431187

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENE, ROBERT E  
 C/O FLORIDA LIFESTYLE MGMT  
 1904 CLUBHOUSE DR  
 SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

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*

*4/20/00*

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

TITLE  Delete  
 NAME PD  
 STREET ADDRESS GROVE, DAVE  
 CITY-ST-ZIP 2057 MATECUMBE KEY  
 PUNTA GORDA FL 33955

TITLE  Delete  
 NAME STD  
 STREET ADDRESS KING, BARBARA E  
 CITY-ST-ZIP 2037 MATECUMBE KEY RD  
 PUNTA GORDA FL

TITLE  Delete  
 NAME VD  
 STREET ADDRESS TAUD, JARMILA  
 CITY-ST-ZIP 2055 MATECUMBE KEY RD  
 PUNTA GORDA FL 33955

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME VD  
 STREET ADDRESS VAN, LOUISE  
 CITY-ST-ZIP 2051 MATECUMBE KEY RD  
 PUNTA GORDA, FL 33955

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 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 another like empowered.

SIGNATURE:

*DAVE GROVE*

*3/7/2000 (941)575-0034*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)