## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90144 032 \*\*\*150.00

DOCUMENT #	P94000008440

Corporation Name

MARINA	POINT TAMPA DEVELOPME	NTS, INC.							
Principal Place	e of Business	Mailing Address				L IMBILIAN LED INTER MENTE MENTE		POLES 10111 61011 0 - :	11611 0211 1001
870 BALD EAGL		870 BALD EAGLE	DR						
1B		18				DO NOT		CDACE	
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145			L 34145				WRITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qua	illeo		
		-T-6-00-01				02/03/1994 4. FEI Number			plied For
_	lace of Business	2a. Mailing Addre	SS			1		<u> </u>	t Applicable
21		26				65-0489066		\$8.75 A	
	A PORT OF THE SECTION OF	Suite, Apt. #,	etc. 			5. Certifcate of Status Desire	ed 🗆	Fee Re	quired
City & State City & State				6. Election Campaign Finar			cing 🗆	\$5.00	
23	76.73	28				Trust Fund Contribution		Added to	o Fees
Zip	Country Country	Zip		Country		8. This corporation owes the	current year In		□No
24	25	29	30			Personal Property Tax.  10. Name and Address of N	ow Pogletorod		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of N	ew Negistered	Agent	_
RFIN	IDERS, JAMES M				1				
	BALD EAGLE DR			82	Street Add	lress (P.O. Box Number is Not Ac	ceptable)	•	
STE				83			_	_	
	CO ISLAND FL 34145			03					
<b>,,,,</b> ,,,	00 102 (15 1 2 0 1 1 1 5			84	City		FL	85 Zip C	ode
			In Ctatuta a t	the shaw	o named con	poration submits this statement for		t changing its	registered
office or nagent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such chang ons of, Section 607.0	ia Statutes, i je was autho 505, Florida	rized by Statutes	the corporati	ion's board of directors. I hereby	accept the appo	intment as rec	gistered
					•				
SIGNATURE									\
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable.		istered Agen		ed when reinstating)	DATE	ND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agent :  OFFICERS AND	and title if applicable.  DIRECTORS	(NOTE: Reg	istered Agen		ed when reinstating) ADDITIONS/CHANGES TO	_		RS IN 12
12.	Signature, typed or printed name of registered agent :  OFFICERS AND  PSD	and title if applicable.	(NOTE: Reg	istered Agen 13. 1.1 TITLE			_	ND DIRECTO	
12.	Signature, typed or printed name of registered agent : OFFICERS AND PSD RENDERS, JAMES M	and title if applicable.  DIRECTORS	(NOTE: Reg	istered Agen 13. 1.1 TITLE 1.2 NAME	nt signature requir		_		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent in OFFICERS AND PSD RENDERS, JAMES M 870 BALD EAGLE DR, STE 1B	and title if applicable.  DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requir		_		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of FICERS AND PSD RENDERS, JAMES M 870 BALD EAGLE DR, STE 1B MARCO ISLAND FL	and title if applicable.  DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requir		_		
12. TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of FICERS AND PSD RENDERS, JAMES M 870 BALD EAGLE DR, STE 1B MARCO ISLAND FL VPTD	and title if applicable.  DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	nt signature requir		_	☐ Change ·	Addition
12. TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD RENDERS, JAMES M 870 BALD EAGLE DR , STE 1B MARCO ISLAND FL VPTD WILLIAM F. SNYDER	and title if applicable.  DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	T ADDRESS		_	☐ Change ·	Addition
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14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or arrestachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP