DOCUMENT # P9400008440			Apr 02, 2002 8:00 am Secretary of State
MARINA POINT TAMPA DEVELOPME	ENTS, INC.		04-02-2002 90902 008 ***150.00
Principal Place of Business 870 BALD EAGLE DR 1B MARCO ISLAND FL 34145 US	Mailing Address 870 BALD EAGLE DR 1B MARCO ISLAND FL 34145 US		
2. Principal Place of Business 997 N. COWIM BUID	3. Mailing Address 997 N. COU	1ER BUVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State MARCO ISC FC	City & State MANCO FSL	FL	4. FEI Number 65-0489066 Applied For Not Applicable
Zip Country	Zip 34/45	Country	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
REINDERS, JAMES M		RYIND V	S SAMES M
870 BALD EAGLE DR		Street Addre	SS (P.O. Box Number is Not Acceptable)
STE 1B			7,5
MARCO ISLAND FL 34145		MARC	0 Island FL 7389945
8. The above named entity supposits this statement for	the purpose of changing its r	•	stered agent, or both, in the State of Florida.
SIGNATURE Signature		M AFINDUS	3/23/02
Signature Typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature red	uired when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	i i	! FEE IS \$150.00 2 Fee will be \$550.0 e to Department of	
11. Y OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD RENDERS, JAMES M 870 BALD EAGLE DR, STE 1B MARCO ISLAND FL	☐ Delate	STREET ADDRESS 99	ANCO BY RESULTS
TITLE VPTD NAME WILLIAM F. SNYDER STREET ADDRESS CITY-ST-ZIP MARCO ISL FL	☐ Delete	NAME STREET ADDRESS 9	TD Thange Addition of Addition
TITLE	Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	30000	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ANDRESS	☐ Delete	TITLE NAME STREET ANDRESS	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition