

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 28 AM 3:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # V36362 (4)**

1. Corporation Name

**MARINA POINTE DEVELOPMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**C/O FOWLER, WHITE, GILLEN ETAL  
501 E KENNEDY BLVD STE 501  
TAMPA FL 33602**

**C/O FOWLER, WHITE, GILLEN ETAL  
501 E KENNEDY BLVD STE 501  
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1992**

3a. Date of Last Report

**06/12/1994**

4. FEI Number

**59-3130037**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, J BOB  
501 E KENNEDY BLVD  
SUITE 1700  
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

**FINKEL, BARRY M**

STREET ADDRESS

**4830 W KENNEDY BLVD**

CITY - ST - ZIP

**TAMPA FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**2063 Brookside Drive**

**Safety Harbor, FL 34695**

☒ Change ☐ Addition

TITLE

DYST

NAME

**BENNETT, DAVID**

STREET ADDRESS

**4830 W KENNEDY BLVD**

CITY - ST - ZIP

**TAMPA FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

AS

NAME

**HUMPHRIES, BOB J**

STREET ADDRESS

**201 E. KENNEDY BLVD., #1700**

CITY - ST - ZIP

**TAMPA FL 33602**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**300001475089**

**-05/04/95--01015--024**

**\*\*\*\*200.00 \*\*\*\*200.00**

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 on an attachment with an address.

**SIGNATURE:**

**J. Bob Humphries, Assistant Secretary**

**4/27/95**

**(813) 222-1173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number