

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766128

FILED
Jan 28, 2021
Secretary of State
4870618842CC**Entity Name:** THE MARINA CLUB OF TAMPA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE 100
ST. PETERSBURG, FL 33716**Current Mailing Address:**FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE 100
ST. PETERSBURG, FL 33716 US**FEI Number:** 59-2396362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, DAVID
1505 N. FLORIDA AVENUE
TAMPA, FL 33602-2613 US*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:** DAVID LOPEZ

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PEREZ, AUDREY
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE
100
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name WILLIERS, RAY
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE
100
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name FIGUEREDO, LISA
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE
100
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name ROBINETTE, JOHNNY
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name TULSIK, DANIEL
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE
100
City-State-Zip: ST. PETERSBURG FL 33716

Title VP
Name CARAPEZZA, JAMES
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE NORTH SUITE
100
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name LIGORI, DINA
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name FILLMON, JONATHAN
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DRIVE SUITE 100
City-State-Zip: ST. PETERSBURG FL 33716

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAY WILLIERS

PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ODE, ZAMIR
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716