FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724525 (1)

1. Corporation Name
MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3901 SE ST. LUCIE BLVD STUART FL 34997	3901 SE ST. LUCIE BLVD STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1972
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1478387 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HARRISON, DIANE D.
3306 S.E. WEST SNOW RD.
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name: Joyce E. Holman
82 Street Address (P.O. Box Number is Not Acceptable): 2171 SE Stonecrop
83
84 City: Port St. Lucie FL 85 Zip Code: 34984

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: Joyce E Holman — Joyce E. Holman, Manager for the Board — 3/29/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	TIETJE, EMIL	1.2 NAME	Gerald Blackmore
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	1.3 STREET ADDRESS	3901 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, Fl 34997
TITLE	TD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	HILLEGAS, DAVID	2.2 NAME	James Shaffer
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	2.3 STREET ADDRESS	3901 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	Stuart, Fl 34997
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, JOSEPH	3.2 NAME	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, ROBERT W	4.2 NAME	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EWELL, NANCY	5.2 NAME	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOSEWICH, LOU	6.2 NAME	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emil D Tietje Jr — Emil D. Tietje Jr — 3/29/95 — 407 288-6989
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
President for the Board — 3/29/95 — 288-6989

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