

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724525** (1)  
1. Corporation Name  
**MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 10/12/1972  
3a. Date of Last Report: 05/01/1995

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)

4. FEI Number: 59-1478387  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HOLMAN, JOYCE E**  
**2171 SE STONECROP**  
**PT ST LUCIE FL 34984**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joyce E. Holman* **Joyce E. Holman** **Manager for the Board** 2-27-96  
Date

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLACKMORE, GERALD	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, JAMES	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEYER, JOSEPH	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHERRY, ROBERT W	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EWELL, NANCY	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOSEWICH, LOU	
STREET ADDRESS	3901 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Waugh	
1.3 STREET ADDRESS	3901 SE St. Lucie Blvd.	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Emil D. Tietje	
2.3 STREET ADDRESS	3901 SE St. Lucie Blvd.	
2.4 CITY-ST-ZIP	Stuart, FL 34997	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dave Hillegas	
3.3 STREET ADDRESS	3901 SE St. Lucie Blvd.	
3.4 CITY-ST-ZIP	Stuart, FL 34997	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: *James Waugh* **James Waugh** 2/3/96 (407) 283-6605  
Date Daytime Phone #

CR2E037 (12/95)