

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90009 045 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 724525**

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

|  |  |
|--|--|
| Principal Place of Business<br>3901 SE ST. LUCIE BLVD<br>STUART FL 34997 | Mailing Address<br>3901 SE ST. LUCIE BLVD<br>STUART FL 34997 |
|--|--|



|   |                           |   |
|---|---------------------------|---|
| 2. Principal Place of Business<br>21            | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>10/12/1972   |
| Suite, Apt. #, etc.<br>22                       | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1478387   |
| City & State<br>23                              | City & State<br>28        | Applied For<br>Not Applicable   |
| Zip<br>24                                       | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
|   | Zip<br>29                 | Country<br>30   |
| 9. Name and Address of Current Registered Agent |                           | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><br>HOLMAN, JOYCE E<br>2171 SE STONECROP<br>PT ST LUCIE FL 34984 | 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 DATE: 3/11/99

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | SD <input type="checkbox"/> DELETE            | 1.1 TITLE   | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BROWNING, SHARALYN                            | 1.2 NAME  | Robert Anderson  |
| STREET ADDRESS             | 3901 SE 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                      | PD <input type="checkbox"/> DELETE            | 2.1 TITLE   | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | TJETJE, EMIL D.                               | 2.2 NAME  | George Santry  |
| STREET ADDRESS             | 3901 SW ST LUCIE BLVD                         | 2.3 STREET ADDRESS                                    | 3901 SE St. Lucie Blvd.  |
| CITY-ST-ZIP                | STUART FL                                     | 2.4 CITY-ST-ZIP                                       | Stuart, FL 34997   |
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | BARTON, THOMAS                                | 3.2 NAME  | Nancy Ewell  |
| STREET ADDRESS             | 3901 SE ST LUCIE BLVD                         | 3.3 STREET ADDRESS                                    | 3901 SE St. Lucie Blvd.  |
| CITY-ST-ZIP                | STUART, FL 00000                              | 3.4 CITY-ST-ZIP                                       | Stuart, FL 34997   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | BAKER, GRANT                                  | 4.2 NAME  |  |
| STREET ADDRESS             | 3901 SE ST LUCIE BLVD                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | STUART FL                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | WAY, EUGENE                                   | 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                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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, with all other like empowered.

SIGNATURE: Emil D. Tietje **REQUIRED**

3/12/99 288 6989

CR2E037 (11/98)