

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90014 045 ****61.25

0057078

DOCUMENT # 724525

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1478387**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTRY, GEORGE
 4104 SE CENTERBOARD LANE
 STUART FL 34997**

7. Name and Address of New Registered Agent

Name

Jayne McGrath

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

1802 SE North Blackwell

City

Port St. Lucie

FL

Zip Code

34952

8. 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 Jayne McGrath **Manager**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jayne McGrath

2/1/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, SHARALYN	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATHIAS, LARRY	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANTRY, GEORGE	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LA SCALA, RUSS	
STREET ADDRESS	3901 SE ST. LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mathias, Larry	
STREET ADDRESS	3901 SE St. Lucie Blvd	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Peters	
STREET ADDRESS	3901 SE St. Lucie Blvd	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lillian Peters** **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian M. Peters *2/22/02*

Date

Daytime Phone #

CR2E037 (9/01)