


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 024 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1478387	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINA, LOUIS P JR 3901 SE ST LUCIE BLVD STUART, FL 34997			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, BRUCE		NAME	Luce, Michael	
STREET ADDRESS	3901 SE ST LUCIE BLVD.		STREET ADDRESS	3901 SE St. Lucie Blvd.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, MARGARET		NAME	Woodworth, Bud	
STREET ADDRESS	3901 SE ST LUCIE BLVD.		STREET ADDRESS	3901 SE.St. LucieBlvd.Stuart,FL	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRYTHALL, RODNEY		NAME	Vickie Wackeen	
STREET ADDRESS	3901 SE ST LUCIE BLVD		STREET ADDRESS	3901 S.E. St. Lucie Blvd. Stuart	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSIONS, MIKE		NAME		
STREET ADDRESS	3901 SE ST. LUCIE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ (Pres MCPoa)			3/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		