


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90018 017 \*\*\*\*61.25

<b>DOCUMENT # 724525</b>					
1. Entity Name <b>MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.</b>					
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		
Zip		Country	Zip		Country
4. FEI Number <b>59-1478387</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTINA, LOUIS P JR</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCE, MYRON		NAME		
STREET ADDRESS	3901 SE ST LUCIE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWORTH, BUD		NAME		
STREET ADDRESS	3901 SE ST. LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKEEN, VICKIE		NAME		
STREET ADDRESS	3901 SE ST LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SESSIONS, MIKE		NAME	<i>TD DAVIS, MICHAEL</i>	
STREET ADDRESS	3901 SE ST. LUCIE BLVD.		STREET ADDRESS	<i>4414 SE CENTERBOARD LANE</i>	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	<i>STUART, FL 34997</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>BROWN, JOAN</i>	
STREET ADDRESS			STREET ADDRESS	<i>3901 SE ST. LUCIE Blvd # 26</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>STUART, FL 34997</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Gordon, George</i>	
STREET ADDRESS			STREET ADDRESS	<i>9901 SE ST. LUCIE Blvd # 72</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>STUART, FL 34997</i>	
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: _____			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40027560  
# 724525

D Addition  
Hobson, Douglas  
3901 SE St. Lucie Blvd #49  
Stuart, FL 34997

D Addition  
Odgers, Robert  
4089 SE Centerboard Lane  
Stuart, FL 34997

D Addition  
Solimine, Christine  
4290 SE Whiticar Way  
Stuart, FL 34997

D Addition  
Clark, Lowell  
4225 SE Centerboard Lane  
Stuart, FL 34997