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95 APR 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 730237 (5)

1. Corporation Name
MARINER'S WALK ASSOCIATION, INC.

Principal Place of Business Mailing Address

**1890 S. 14TH STREET, SUITE 105
P. O. BOX 1408
FERNANDINA BEACH FL 32034**

**1890 S. 14TH STREET, SUITE 105
P. O. BOX 1408
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 2215 E State Rd 200 **26 P O Box 1408**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Yulee Florida **27 Fernandina Beach FL**

City & State City & State

24 32097 **25 US** **29 32035-1408** **30 US**

Zip Country Zip Country

3. Date Incorporated or Qualified **07/19/1974** 3a. Date of Last Report **04/08/1994**

4. FBI Number **52-1046212** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**POWELL, TERRELL J.
1890 S. 14TH STREET, SUITE 105
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
2215 E State Rd 200**

83

84 City Yulee FL 85 Zip Code 32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DEWEY	1.2 NAME	
STREET ADDRESS	1788 MARINERS WALK	1.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	BM	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, MARIE	2.2 NAME	
STREET ADDRESS	1795 MARINERS WALK	2.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABB, JOE	3.2 NAME	
STREET ADDRESS	1790 MARINERS WALK	3.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GALE	4.2 NAME	
STREET ADDRESS	1777 MARINERS WALK	4.3 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECKHAM, KEN	5.2 NAME	TEMPLETON, GEORGE
STREET ADDRESS	412 WEST COLLEGE ST.	5.3 STREET ADDRESS	4506 Sandpiper Lane
CITY - ST - ZIP	AMERICUS GA 31709	5.4 CITY - ST - ZIP	Fernandina Beach FL 32034
TITLE		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 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 *Deevey S. Jones* **22 Mar 95** **904 277-4755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #