

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730237 (5)

1. Corporation Name

MARINER'S WALK ASSOCIATION, INC.



Principal Place of Business: 2215 E. STATE ROAD 200 YULEE FL 32097 US
Mailing Address: P.O. BOX 1408 FERNANDINA BEACH FL 32035-1408 US

3. Date Incorporated or Qualified 07/19/1974	3a. Date of Last Report 04/24/1995
4. FEI Number 52-1046212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Po Box 1987
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Yulee FL
24 Country	29 32097-1987
25	30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, TERRELL J. 2215 E. STATE ROAD 200 YULEE FL 32097	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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DEWEY	12 NAME	
STREET ADDRESS	1788 MARINERS WALK	13 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, MARIE	22 NAME	
STREET ADDRESS	1795 MARINERS WALK	23 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	24 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABB, JOE	32 NAME	Dabbs, Joe
STREET ADDRESS	1790 MARINERS WALK	33 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	34 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GALE	42 NAME	Jones, Gayle
STREET ADDRESS	1777 MARINERS WALK	43 STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLETON, GEROG	52 NAME	D Templeton, George
STREET ADDRESS	4506 SANDPIPER LANE	53 STREET ADDRESS	1797 Mariner's Walk
CITY - ST - ZIP	FERNANDINA BEACH FL	54 CITY - ST - ZIP	Fernandina Beach FL
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Dewey S. Jones 14 March 96 (904) 277-4475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DEWEY S. JONES President Date Day, Month, Year #

CR2E037 (12/95)