

**FILE NOW: FILING FEE IS \$61.25**

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**Apr 16 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # 730237  
 1. Corporation Name  
**MARINER'S WALK ASSOCIATION, INC.**

Principal Place of Business: 2215 East SR 200, Yulee FL 32097  
 Mailing Address: P O Box 1987, Yulee FL 32041-1987

3. Date Incorporated or Qualified: 07/19/1974  
 3a. Date of Last Report: [Blank]  
 4. FEI 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  
 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., 2215 East SR 200, Yulee FL 32097  
 10. Name and Address of New Registered Agent: [Blank]

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 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

| 12. OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |
|--|---------------------------------|--|---|
| TITLE: PD<br>NAME: Templeton, George<br>STREET ADDRESS: 1797 Mariners Walk<br>CITY-ST-ZIP: Fernandina Beach FL 32034 | <input type="checkbox"/> DELETE | 1.1 TITLE: [Blank]<br>1.2 NAME: [Blank]<br>1.3 STREET ADDRESS: [Blank]<br>1.4 CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD<br>NAME: Heard, John H.<br>STREET ADDRESS: 1772 Mariners Walk<br>CITY-ST-ZIP: Fernandina Beach FL 32034    | <input type="checkbox"/> DELETE | 2.1 TITLE: [Blank]<br>2.2 NAME: [Blank]<br>2.3 STREET ADDRESS: [Blank]<br>2.4 CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD<br>NAME: Dabbs, Joe<br>STREET ADDRESS: 1790 Mariners Walk<br>CITY-ST-ZIP: Fernandina Beach FL 32034       | <input type="checkbox"/> DELETE | 3.1 TITLE: [Blank]<br>3.2 NAME: [Blank]<br>3.3 STREET ADDRESS: [Blank]<br>3.4 CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                   | <input type="checkbox"/> DELETE | 4.1 TITLE: [Blank]<br>4.2 NAME: [Blank]<br>4.3 STREET ADDRESS: [Blank]<br>4.4 CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                   | <input type="checkbox"/> DELETE | 5.1 TITLE: [Blank]<br>5.2 NAME: [Blank]<br>5.3 STREET ADDRESS: [Blank]<br>5.4 CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                   | <input type="checkbox"/> DELETE | 6.1 TITLE: [Blank]<br>6.2 NAME: [Blank]<br>6.3 STREET ADDRESS: [Blank]<br>6.4 CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 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: [Signature] DATE: 3-18-97 DAYTIME PHONE #: 277-2390  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: George Templeton, President

CR2E037 (9/96)