

2002 UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-02-2002 90019 040 ****61.25

DOCUMENT # 730237

1. Entity Name

MARINER'S WALK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2215 E. STATE ROAD 200
 YULEE FL 32097
 US

P O BOX 1987
 YULEE FL 32097-1987
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1046212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, TERRELL J.
 2215 E. STATE ROAD 200
 YULEE FL 32097

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **HARBOUR, JAMES**
 STREET ADDRESS **1795 ARBOR DRIVE**
 CITY-ST-ZIP **FERNANDINA BCH. FL 32034**

TITLE **VPD** Change Addition
 NAME **Harbour, James**
 STREET ADDRESS **1795 ARBOR Dr.**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **VD** Delete
 NAME **DABBS, JOE**
 STREET ADDRESS **1790 MARINERS WALK**
 CITY-ST-ZIP **FERNANDINA BCH. FL 32034**

TITLE **PD** Change Addition
 NAME **Dabbs, Joe**
 STREET ADDRESS **1790 Mariners Walk**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **D** Delete
 NAME **KEHRT, ERNEST**
 STREET ADDRESS **1775 MARINERS WALK**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **ST/D** Change Addition
 NAME **Morris, R.W.**
 STREET ADDRESS **1784 Mariners Walk**
 CITY-ST-ZIP **Fernandina, Beach, FL 32034**

TITLE **PD** Delete
 NAME **MORRIS, R.W.**
 STREET ADDRESS **1784 MARINERS WALK**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** Change Addition
 NAME **Sloan, Marie**
 STREET ADDRESS **1795 Mariners Walk**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **T** Delete
 NAME **KEANE, ROBERT E**
 STREET ADDRESS **1793 MARINERS WALK**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **D** Change Addition
 NAME **Keane, Robert E.**
 STREET ADDRESS **1793 Mariners Walk**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Beaulieu, Norman J**
 STREET ADDRESS **1788 Mariners walk**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

12. I 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 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: *X*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. W. Morris

4-8-02 904-225-9070

Date

Daytime Phone #

CR2E037 (9/01)