

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 # 756888 (4)

1. Corporation Name

MARINERS WAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
10/0 A.W. Buschmann
~~CARMEN FINOCCHI~~
2707 N.E. 14 ST CAUSEWAY
POMPANO BEACH FL 33062-1397

Mailing Address
0/0 A.W. Buschmann
~~CARMEN FINOCCHI~~
2707 N.E. 14 ST CAUSEWAY
POMPANO BEACH FL 33062-1397

3. Date Incorporated or Qualified 03/23/1981
3a. Date of Last Report 03/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2360548	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDITH L. PRESTON
2707 NE 14 ST CSWAY #204
POMPANO BEACH FL 33062

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 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 617.0603, Florida Statutes.

SIGNATURE: *Edith L. Preston*

2/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINOCCHI, CARMEN	1.2 NAME	A. W. Buschmann
STREET ADDRESS	2707 NE 14 ST CSWAY #201	1.3 STREET ADDRESS	2707 NE 14 St. Csway #402
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCHMAN, AL	2.2 NAME	Andy Holzinger
STREET ADDRESS	2707 NE 14 ST #402	2.3 STREET ADDRESS	2707 NE 14 St. #203
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDITH L. PRESTON	3.2 NAME	SAME
STREET ADDRESS	2707 NE 14 ST CSWAY #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL 33062	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONANNO, DIANE	4.2 NAME	Karol Hess
STREET ADDRESS	2707 NE 14 ST CSWAY #105	4.3 STREET ADDRESS	2707 NE 14 St. #503
CITY-ST-ZIP	POMPANO BCH. FL	4.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL AGOGLIA	5.2 NAME	Beth Gaynor
STREET ADDRESS	425 DEER CREEK PATH	5.3 STREET ADDRESS	2707 NE 14 St. # 302
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	5.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	<input type="checkbox"/> DELETE	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: *A.W. Buschmann - Pres.*

2-22-96 954 783 4132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. W. BUSCHMANN, PRES

Date: Date/Time/Phone #

CP2E037 (12/95)