

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 C/O A.W. BUSCHMANN 2707 N.E. 14 ST CAUSEWAY POMPANO BEACH FL 33062-1397 US	Mailing Address C/O A.W. BUSCHMANN 2707 N.E. 14 ST CAUSEWAY POMPANO BEACH FL 33062-3572 US
--	--

3. Date Incorporated or Qualified 03/23/1981	3a. Date of Last Report 02/29/1996
4. FEI Number 59-2360548	Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE *Edith L. Preston* **1/11/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUSCHMANN, A.W.	
STREET ADDRESS	2707 NE 14 ST CSWY #402	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLZINGER, ANDY	
STREET ADDRESS	2707 NE 14 ST #203	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EDITH L. PRESTON	
STREET ADDRESS	2707 NE 14 ST CSWAY #204	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HESS, KAROL	
STREET ADDRESS	2707 NE 14TH ST #503	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAYNOR, BETH	
STREET ADDRESS	2707 NE 14 ST #302	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Michael Horan
5.3 STREET ADDRESS	2707 N. E. 14 St. #304
5.4 CITY-ST-ZIP	Pompano Beach, Fla 33062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Michael Horan* **1/11/97 954-7834132**

CR2E037 (9/96)