FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756888

1. Corporation Name

MARINERS WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
CXCXAVIVX.BOSICHNAMNX 2707.N.E., 14 ST. CAUSEWAX POMPANO BEACH Y.C. 32052; 337X US

Mailing Address

C/O MICHAEL HORAN 2707 NE. 14 ST CAUSEWAY POMPANO BEACH FL 33062-387

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90082 039 ****61.25

2. Principal Pl	ace of Business	2a. Mailing Address	<u></u>	Date Incorporated or Qualifed			
21 270	79 NE 14 St.	26 2707 NE 14	St.	03/23/1981			
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	App	lied For	
22		27		59-2360548	Not	Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Ad Fee Req	1	
²³ Pompar	o Beach, Fla	Zip	Country	6. Election Campaign Financing	\$5.00 N	tau Bo	
Zip		⊢ ′ ⊢	¬ ´	Trust Fund Contribution	Added to		
24 33062 25 Broward 29 30 30 9. Name and Address of Current Registered Agent			1	10. Name and Address of New Regist			
	5. Name and Address of Current	Registered Agent	81 Name				
				Candy DuPont	<u> </u>		
LE PERSONAL DE CANADA				32 Street Address (P.O. Box Number is Not Acceptable)			
27,07 NEX 143,87 X 1820 X				2707 NE 14 St. # 105			
POMPANOX BEACH FLX38062				Pompano Beach, Fla.			
			84 City	84 City 85 Zip Code			
					FL 330	62	
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							
oπice or re agent. I a	n familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes.				
SIGNATURE	Candy DuPont	X	77 au	de du ce 2.	1.99		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		required when reinstating) DA	TE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER			
TITLE	PD	☐ DELETE	1,1 TITLE		☐ Change	☐ Addition	
NAME	HORAN, MICHAEL		1.2 NAME	<u>.</u> -			
STREET ADDRESS	2707 NE 14 ST., #304		1.3 STREET ADDRESS	;			
CITY-ST-ZIP	POMPANO BCH FL 33062		1.4 CITY-ST-ZIP				
TITLE	VPD	☐ DELETÉ	2.1 TITLE		Change	☐ Addition	
NAME	HESS, KAROL		2.2 NAME		•		
STREET ADDRESS	2707 NE 14 ST., #503		2.3 STREET ADDRESS			1	
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP				
TITLE	TD	X DELETE	3.1 TITLE	TD	X Change	- Addition	
NAME	HOLZINGER, ANDY		3.2 NAME	Candy DuPont			
STREET ADDRESS	2707 NE 14TH ST., #203		3.3 STREET ADDRESS	1 41 1 01	# 105		
CITY-ST-ZIP	POMPANO BCH. FL 33062		3.4. CITY-ST-ZIP	Pomapno Beach, Fla	. 33062		
TITLE	S	XXDELETE	4.1 TITLE	SD	Change	☐ Addition	
NAME	MARTIN, MELISSA	<u></u>	4. 2 NAME	Edith L. Preston		1	
	2707 NE 14TH ST., #404		4.3 STREET ADDRESS		4 · ·	1	
STREET ADDRESS	POMPANO BCH. FL 33062		4.4 CITY-ST-ZIP		33062	ļ	
CITY-ST-ZIP TITLE	D	☐ DELETE	5.1 TITLÉ	Lombano peacur tn	☐ Change	☐ Addition	
	LANE, BARBARA		5.2 NAME			_	
NAME			5.3 STREET ADDRESS	,		-	
STREET ADDRESS			5.4 CITY-ST-ZIP		, •	,	
CITY-ST-ZIP	POMPANO BEACH FL 33062	DELETE	6.1 TITLE		☐ Change	☐ Addition	
TITLE		□ DEFE15	6.2 NAME	· .		ا (۱۹۵۰، د پ	
NAME				,			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>			

14. 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 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, with all other like empowered.

SIGNATURE

MIGNATURE FLEGUIRED

2-7-99

954-942-7034 Daytime Phone # 32E03/ (11/98)