

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # 756888

1. Entity Name
MARINERS WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2707 NE 14 ST 2707 N.E. 14 ST CAUSEWAY POMPANO BEACH 330621397 US	FL	Mailing Address C/O CANDY DUPONT 2707 NE 14 ST CAUSEWAY POMPANO BEACH 33062387 US	FL
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number
59-2360548

Applied For
Not Applicable

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	
DUPONT CANDY 2707 NE 14 ST # 105 POMPANO BEACH FL 33062		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 _____ DATE **04/26/2001**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANE BARBARA			NAME	FINOCCHI CARMEN		
STREET ADDRESS	2707 NE 14ST., #405			STREET ADDRESS	2707 NE 14ST., #201		
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN MELISSA			NAME	MOELIUS JEAN		
STREET ADDRESS	2707 NE 14TH ST., #404			STREET ADDRESS	2707 NE 14TH ST., #505		
CITY-ST-ZIP	POMPANO BCH. FL 33062			CITY-ST-ZIP	POMPANO BCH. FL 33062		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLZINGER ANDY			NAME	DUPONT CANDY		
STREET ADDRESS	2707 NE 14TH ST., #203			STREET ADDRESS	2707 NE 14TH ST., #105		
CITY-ST-ZIP	POMPANO BCH. FL 33062			CITY-ST-ZIP	POMPANO BCH. FL 33062		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESS KAROL			NAME	NEEB MEL		
STREET ADDRESS	2707 NE 14 ST., #503			STREET ADDRESS	2707 NE 14 ST., #203		
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORAN MICHAEL			NAME	DUPONT ANDRE		
STREET ADDRESS	2707 NE 14 ST., #304			STREET ADDRESS	2707 NE 14 ST., #506		
CITY-ST-ZIP	POMPANO BCH FL 33062			CITY-ST-ZIP	POMPANO BCH FL 33062		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CANDY DUPONT TD **04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)