

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-17-2002 90087 044 ****61.25

DOCUMENT # 756888

1. Entity Name

MARINERS WAY CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

2707 NE 14 ST
 2707 N.E. 14 ST CAUSEWAY
 POMPANO BEACH FL 33062-1397
 US

C/O CANDY DUPONT
 2707 NE. 14 ST CAUSEWAY
 POMPANO BEACH FL 33062-387
 US

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 _____

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	P	<input type="checkbox"/> Delete
NAME	DUPONT, ANDRE	
STREET ADDRESS	2707 NE 14 ST., #508	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEEB, MEL	
STREET ADDRESS	2707 NE 14 ST., #203	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUPONT, CANDY	
STREET ADDRESS	2707 NE 14TH ST., #105	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOELIUS, JEAN	
STREET ADDRESS	2707 NE 14TH ST., #505	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINOCCHI, CARMEN	
STREET ADDRESS	2707 NE 14ST., #201	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA LANE - S -	
STREET ADDRESS	2707 NE 14TH ST., # 405	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKEY HORAN - D -	
STREET ADDRESS	2707 NE 14TH ST # 304	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: CANDY DUPONT **CANDY DUPONT** 040802 954 7853778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)