

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90011 012 \*\*\*\*61.25

**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, FL 33062-1397 US

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

**94045939**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03162004 Chg-NP CR2E037 (10/03)

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**  
 DUPONT, CANDY  
 2707 NE 14 ST # 105  
 POMPANO BEACH, FL 33062

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	HORAN, MICHAEL	
STREET ADDRESS	2707 NE 14 ST 304	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ABRIL, JIM	
STREET ADDRESS	2707 NE 14 ST 501	
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 type="checkbox"/> Delete
NAME	LANE, BARARA	
STREET ADDRESS	2707 NE 14TH ST #405	
CITY-ST-ZIP	POMPANO BCH., FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORAN, MICKEY	
STREET ADDRESS	2707 NE 14TH ST #304	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESS, KAROL	
STREET ADDRESS	2707 NE 14 ST 402	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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 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 **3-31-04 954-785-3778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #