

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756888

FILED
Feb 07, 2007
Secretary of State

Entity Name: MARINERS WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2707 NE 14 ST
2707 N.E. 14 ST CAUSEWAY
POMPANO BEACH, FL 330621397 US

New Principal Place of Business:

Current Mailing Address:

C/O CANDY DUPONT
2707 NE. 14 ST CAUSEWAY
POMPANO BEACH, FL 33062387 US

New Mailing Address:

FEI Number: 59-2360548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HESS SILVA, KAROL
Address: 2707 NE 14 ST #402
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: HORAN, MICHAEL
Address: 2707 NE 14 ST #304
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD () Delete
Name: DUPONT, CANDY
Address: 2707 NE 14TH ST #105
City-St-Zip: POMPANO BCH., FL 33062

Title: S () Delete
Name: LANE, BARBARA
Address: 2707 NE 14TH ST #405
City-St-Zip: POMPANO BCH., FL 33062

Title: VPD () Delete
Name: WILLOUGHBY, RONALD
Address: 2707 NE 14TH ST 503
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MOORE, CLIFF
Address: 2707 NE 14TH ST 502
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDY DUPONT

TD

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date