

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L46674** (2)

1. Corporation Name

**MARINER VILLAGE ON LEMON BAY, INC.**



Principal Place of Business

3579 SOUTH ACCESS ROAD, SUITE L  
ENGLEWOOD FL 34224

Multiple Addresses

3579 SOUTH ACCESS ROAD, SUITE L  
ENGLEWOOD FL 34224

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**DIGNAM, THOMAS M.  
1201 S MCCALL ROAD  
ENGLEWOOD FL 34223**

81	Name
82	Street Address (P.O. Box Number If Not Applicable)
83	
84	City
FL	85 Zip Code

3. Date Incorporated or Qualified	3a. Date of Last Report
01/31/1990	04/21/1995
4. FIC Number	Applied For
59-2995509	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby, as I accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of person filing this report (see instructions)

Signature of Registered Agent (see instructions)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	COLLOM, PAUL	
STREET ADDRESS	3320 BOURBON ST.	
CITY-STATE-ZIP	ENGLEWOOD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIGNAM, THOMAS M.	
STREET ADDRESS	1151 LARCHMONT DR.	
CITY-STATE-ZIP	ENGLEWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEWELL, DARRYL	
STREET ADDRESS	9272 LUCIAN AVENUE	
CITY-STATE-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	
38 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is correct and true to the best of my knowledge and I do not qualify for the exemption stated in Section 119.02(3)(k), 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. But I am an officer or director of the corporation, the receiver or trustee of the corporation, or the executor of the corporation's estate as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name or appointment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 941-474-957

CR2E034 (12/95)