


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L46674</b> 1. Entry Name MARINER VILLAGE ON LEMON BAY, INC.	
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Principal Place of Business BEACH ROAD ENGLEWOOD, FL 34223	Mailing Address P.O. BOX 974 ENGLEWOOD, FL 34295
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2995509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DIGNAM, THOMAS M. 5206 THE POINTE ENGLEWOOD, FL 34223
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIGNAM, THOMAS M. 5206 THE POINTE DR. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWELL, DARRYL 3579 S ACCESS RD STE L ENGLEWOOD, FL 34224
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1100000616172  
02/07/07-80018-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appropriate authority.

SIGNATURE:  \_\_\_\_\_  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

941  
1-17-06 474-6715