

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90246 038 ****61.25

DOCUMENT # N03630

1. Entity Name

MARINER'S LIGHT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

16332 GULF BREEZE BLVD.
REDINGTON BEACH FL 33708
US

Mailing Address

1880 BELLEAIR ROAD
CLEARWATER FL 33764
US

2. Principal Place of Business

16332 Gulf Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Redington Beach, FL

City & State

Zip

Country

33708

USA

Zip

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MOORE

CR2E037 (11/03)

4. FEI Number

59-2646837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KMET, KENNETH A
C/O THE ASSOCIATION ADVISOR, INC.
1880 BELLEAIR ROAD
CLEARWATER FL 33764

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

Kenneth A. Kmet Kenneth A. Kmet

4-26-04

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
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	DT	<input type="checkbox"/> Delete
NAME	GARRETT, SUSAN	
STREET ADDRESS	16332 GULF BLVD #2A	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RECALDE, HOLLY	
STREET ADDRESS	16332 GULF BLVD #2B	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDFARB, GREGORY	
STREET ADDRESS	4637 N 25TH AVENUE	
CITY-ST-ZIP	SCHILLER PARK IL 60176	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BURY, RICHARD	
STREET ADDRESS	16332 GULF BLVD #1B	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WISLOW, ALEX	
STREET ADDRESS	200 S PROSPECT	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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: *Susan Garrett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

127-399-9838

Daytime Phone #