

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91418 044 ****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

**10825 SEMINOLE BLVD.
#1
LARGO FL 33778
US**

2. Principal Place of Business

16332 Gulf Blvd.

3. Mailing Address

1880 Belleair Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Redington Beach, FL

City & State
Clearwater, FL

4. FEI Number **59-2646837**

Applied For
☐ Not Applicable

Zip
33708

Country
U.S.A.

Zip
33764

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAPPER, THOMAS W.
C/O KAPPER, THOMAS W.
10825 SEMINOLE BLVD #1
LARGO FL 33778**

7. Name and Address of New Registered Agent

Name: **Kenneth A. Kmet**
Street Address (P.O. Box Number is Not Acceptable)
**C/O The Association Advisor Inc.
1880 Belleair Road**
City **Clearwater** FL Zip Code **33764**

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 **X**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-03

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | DS DT GARRETT, SUSAN 16332 GULF BLVD #2A REDINGTON BEACH FL 33708 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DS RECALDE, HOLLY 16332 GULF BLVD #2B REDINGTON BEACH FL 33708 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDFARB, GREGORY 4837-N-25TH AVENUE SCHILLER PARK IL 60176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BURY, RICHARD 16332 GULF BLVD #1B REDINGTON BEACH FL 33708 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WISLOW, ALEX 200 S PROSPECT PARK RIDGE IL 60068 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|-------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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**

4-15-03 (727) 531-1234

CR2E037 (10/02)