

FILE NOW: FILING FEE IS \$61.25

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**May 02 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04682 (3)
 1. Corporation Name
MARINER CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O SUNWEST PROPERTIES, INC. 5008 WEST LINEBAUGH AVENUE, SUITE 15 & 16 TAMPA FL 33624	Mailing Address C/O SUNWEST PROPERTIES, INC. 5008 WEST LINEBAUGH AVENUE, SUITE 15 & 16 TAMPA FL 33624-5095
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/14/1984	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1990766	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HASELOFF, HANS J ASS. MG SUNWEST PROPERTIES, INC. 5008 W. LINEBAUGH AVE, STE. 15 & 16 TAMPA FL 33624		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			FL
			85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, RICHARD	1.2 NAME	DP HOUSE, SUZANNE M.
STREET ADDRESS	8816 SOUTH LAGOON STREET	1.3 STREET ADDRESS	8802 S. LAGOON ST.
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, LISHANN C	2.2 NAME	WHITTON, JENNIFER
STREET ADDRESS	8822 SOUTH LAGOON STREET	2.3 STREET ADDRESS	8806 S. LAGOON ST
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE, YANA L	3.2 NAME	ARENA, DINAH
STREET ADDRESS	8814 SOUTH LAGOON STREET	3.3 STREET ADDRESS	8820 S. LAGOON ST.
CITY-ST-ZIP	TAMPA FL 33615	3.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MEDERO, SUSAN K.
STREET ADDRESS		4.3 STREET ADDRESS	8816 S. LAGOON ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TOMS, JOHN
STREET ADDRESS		5.3 STREET ADDRESS	8822 S. LAGOON ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # 0048760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)