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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N04682 (3)  
1. Corporation Name  
MARINER CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O SUNWEST PROPERTIES, INC.  
5008 WEST LINEBAUGH AVENUE, SUITE 15 & 16  
TAMPA FL 33624

3. Date Incorporated or Qualified  
08/14/1984  
4. FEI Number  
59-1990766  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 50 ANDOVER PROPERTIES, INC. 26 50 ANDOVER PROPERTIES, INC.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 5008 W. Linebaugh Ave. #15 27 5008 W. Linebaugh Ave. #15  
City & State City & State  
23 TAMPA, FL 28 TAMPA, FL  
Zip Country Zip Country  
24 33624 25 USA 29 33624 30 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
B1 Name  
ANDOVER PROPERTIES, INC  
B2 Street Address (P.O. Box Number is Not Acceptable)  
5008 W. LINEBAUGH AVE  
B3 SUITE 15  
B4 City TAMPA FL B5 Zip Code 33624

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 Hans J. Haseloff, Hans J. Haseloff, CM  
Signature, typed or printed name of registered agent and title, with cable (NOTE: Registered Agent signature required when reinstating)  
DATE 1-9-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOUSE, SUZANNE M	
STREET ADDRESS	8802 S. LAGOON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WHITTON, JENNIFER	
STREET ADDRESS	8806 S. LAGOON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DINAH, ARENA	
STREET ADDRESS	8820 S. LAGOON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDERO, SUSAN K	
STREET ADDRESS	8816 S. LAGOON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMS, JOHN	
STREET ADDRESS	8822 S. LAGOON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Suzanne House* 1/21/98 813/882-0836

CR2E037 (10/97)