Applied For

Not Applicable

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N04682

1. Corporation Name

MARINER CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O ANDOVER PROPERTIES, INC. 5008 W. LINEBAUGH AVENUE #15 TAMPA FL 33624

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

C/O ANDOVER PROPERTIES. INC. 5008 W. LINEBAUGH AVENUE #15 TAMPA FL 33624

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FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90134 028 ****61.25



3. Date Incorporated or Qualifed

108/14/1984

59-1990766

4. FEI Number

		03.00					œ o	75 .	1-17411	
City & State		28	City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
Zip	Country Zip			ntry		6. Election Campaign Financing	_ \$:	5.00 N	fay Be	
24	25					Trust Fund Contribution		dded to		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
ANDOVER PROPERTIES , INC.				82	Street Add	Iress (P.O. Box Number is Not Acceptable	e)			
5008 W. LINEBAUGH AVENUE										
SUITE 15				83						
TAMPA FL 33624				84 City 85 Zip Code						
					•		FL "	<u> </u>		
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa	as authorized	IDV U	named con ne corporati	poration submits this statement for the pu ion's board of directors. I hereby accept t	rpose of chang he appointmen	ing its ri t as regi	egistered stered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (I	NOTE: Registered	Agent 6	signature requir	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.		_	ADDITIONS/CHANGES TO OFFICE	CERS AND DIF	ECTOR	S IN 12	
TITLE	DP DELETE			1.1 TITLE			□c	hange	Addition	
NAME	HOUSE, SUZANNE M		1.2 NA	ME						
STREET ADDRESS	8802 S. LAGOON ST.		1.3 ST	REETA	ADDRESS					
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP						
TITLE	DS	DELETE	E 2.1 TIT	ΠE	1 '	> 5 ;		hange	Addition	
NAME	WHITTON, JENNIFER	•	2.2 NA	ME	8	BARKER, JAY	_		,	
STREET ADDRESS	8806 S. LAGOON ST.		_ 2.3 ST	REETA		808 S. LAGOON STREE	T			
CITY-ST-ZIP	TAMPA FL			TY-ST-		AMPR. FL 33615			Addition	
TITLE	DT	DELETE			D	T		hange	Addition	
NAME	DINAH, ARENA	•	3.2 NA		14	EDERO, SUSANK			-	
STREET ADDRESS						816 5. LAGOON ST.				
CITY-ST-ZIP	TAMPA FL			TY-ST-	ZIP	TAMPA, FL 33615		hange	Addition	
TITLE	D	DELETE				•	П¢	nanyo		
NAME	MEDERO, SUSAN K		4. 2 N						4	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	TAMPA FL	(X) DELETE		TY-ST-	ZIP			hange	Addition	
TITLE	D TOUG IOUN	Y DELET	5.1 π 5.2 N					90		
NAME	TOMS, JOHN				ADDRESS					
STREET ADDRESS	1			TY-ST-						
CITY-ST-ZIP	TAMPA FL	☐ DELETE			ZIF			hange	Addition	
TITLE		L DELET	6.2 NA		-					
NAME					ADORESS					
STREET ADDRESS					1					
CITY-ST-ZIP	portific that the information quantied	ith this filing dose not qualit		TY-ST-		Section 119.07(3)(i), Florida Statutes. I fu	irther certify the	at the int	formation	
· · i nereby o	seruly that the information supplied v	nur uns ming does not quain	occurate and	that	m alaibu ili	re chall have the came legal effect as if m	ade under net	that I	am an	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regal effect as it made under oath, that I am all officer or director of the corporation or the receiver or trustee empowered to exceptle 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, with all other like empowered.

SIGNATURE: