

FILED
May 11, 2000 8:00 am
Secretary of State

03-06-2000 90039 022 ****61.25

DOCUMENT # N04682

1. Entity Name

MARINER CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

C/O ANDOVER PROPERTIES, INC.
 5008 W. LINEBAUGH AVENUE #15
 TAMPA FL 33624-5013
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1990766

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVENUE
SUITE 15
TAMPA FL 33624

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.

SIGNATURE _____

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **HOUSE, SUZANNE M**
 STREET ADDRESS **8802 S. LAGOON ST.**
 CITY-ST-ZIP **TAMPA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DS** Delete
 NAME **BARKER, JAY**
 STREET ADDRESS **8808 S LAGDON ST**
 CITY-ST-ZIP **TAMPA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DT** Delete
 NAME **MEDERO, SUSAN**
 STREET ADDRESS **8816 S LAGDON ST**
 CITY-ST-ZIP **TAMPA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **SECRETARY** Change Addition
 NAME **LUPTON, TEH R.**
 STREET ADDRESS **8814 S. LAGOON STREET**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
 Date

813/882-0836
 Daytime Phone #

CR2E037 (9/99)