

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90116 044 \*\*\*\*61.25

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

**DOCUMENT #** N046082 ✓  
 1. Entity Name  
 Mariner Cay Condominium Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o First Choice Assoc. Mgmt		3. Mailing Address SAME	
Suite, Apt. #, etc. 3440 East Lake Rd. #106		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State	
Zip 34685	County Pinellas	Zip	Country

4. FEI Number 59-1990766 Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required.

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
 Name First Choice Association Mgmt.  
 Street Address (P.O. Box Number is Not Acceptable) 3440 East Lake Rd. #106  
 City Palm Harbor FL Zip Code 34685

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 James M. Holm DATE 5/1/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required after re-appointment)

FEE IS \$61.25 Initial or Amended UBR  
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> House, Suzanne 8802 S. Lagoon St. Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> Stanley, Rebecca 8810 S. Lagoon St. Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> Creech, Mary E. 8804 S. Lagoon St. Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(b), 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 appointed to manage the corporation as required by Chapter 617, Florida Statutes and that my name appears in Block 10 or on an attachment with an address, with all other officers, directors, and members of the corporation.

SIGNATURE: Suzanne House Pres 4/30/02 727-785-8887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)