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FILED

Jun 24 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 # N09907 (9)

1. Corporation Name

MARINER'S WAY ASSOCIATION, INC.

Principal Place of Business

800 MERINERS WAY
ONE CLEARLAKE CENTRE, SUITE 1010
BOYNTON BCH FL 33435
US

Mailing Address

C O GOUVERT
680 W LINTON BLVD. #202
DELRAY BEACH FL 33444-8150
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 640 East Ocean Ave #8

Suite, Apt. #, etc.

27 City & State

28 Boynton Beach FL
29 33435 30 Palm Beach

29

30

3. Date Incorporated or Qualified
06/24/1985

3a. Date of Last Report
04/12/1996

4. FEI Number

15-0305049

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOUVERT, DOLORES
680 W LINTON BLVD. #202
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

John D AHD

82 Street Address (P.O. Box Number is Not Acceptable)

640 EAST OCEAN AVE #8

83

84 City

Boynton Beach

FL

85 Zip Code

33435

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

[Signature]

6/16/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV GROSSHANTEN, ERNEST
752 MARINERS WAY
BOYNTON BEACH FL

☒ DELETE

PD FALTERER, CHRISTIAN
724 MARINERS WAY
BOYNTON BEACH FL

☒ DELETE

DT JOHNS, CHARLIE
728 MARINERS WAY
BOYNTON BEACH FL

☒ DELETE

DS HEMMINGWAY, ROBIN
610 MARINERS WAY
BOYNTON BEACH FL

☒ DELETE

D JOSLIN, DAN
716 MARINERS WAY
BOYNTON BEACH FL

☒ DELETE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

DV Lawrence Bell
736 Mariners Way
Boynton Beach FL 33435

☐ Change ☐ Addition

DS Harvey Mart
704 Mariners Way
Boynton Beach FL 33435

☒ Change ☐ Addition

DT John W Morrison Jr.
808 Shore Dr
Boynton Beach FL 33435

☒ Change ☐ Addition

PSD David Hemmingway
610 Mariners Way
Boynton Beach FL 33435

☒ Change ☐ Addition

D Tom Edwards
732 Mariners Way
Boynton Beach FL 33435

☐ Change ☒ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

CR2E037 (9/96)