

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 ~~3-21-96~~ *12-25-96*

DOCUMENT # **N10630**

(4)

1. Corporation Name

**MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12660 NW HARBOUR RIDGE BLVD  
P O BOX 2451  
PALM CITY FL 34990  
US

12600 NW HARBOUR RIDGE BLVD  
P O BOX 2451  
PALM CITY FL 34990  
US



3. Date Incorporated or Qualified

**08/09/1985**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

*Delete PO Box 2451*

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEARY, MICHAEL E**  
12600 NW HARBOUR RIDGE BLVD  
PALM CITY FL 34990

81 Name

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

83

84 City

**FL**

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE **DV** ☒ Change ☐ Addition

NAME **MACDONALD, JUNE**  
STREET ADDRESS **12773 MARINER CT**  
CITY-ST-ZIP **PALM CITY FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE

2.1 TITLE **DTs** ☐ Change ☒ Addition

NAME **KOENIGER, JOHN C**  
STREET ADDRESS **12708 MARINER ST**  
CITY-ST-ZIP **PALM CITY FL**

2.2 NAME **CHAPMAN, Charles J.**  
2.3 STREET ADDRESS **12780 Mariner Court**  
2.4 CITY-ST-ZIP **Palm City, FL 34990**

TITLE **DT** ☐ DELETE

3.1 TITLE **D** ☐ Change ☒ Addition

NAME **~~BAKER, LOUE~~**  
STREET ADDRESS **12770 MARINER ST**  
CITY-ST-ZIP **PALM CITY FL**

3.2 NAME **SILVER, Robert L.**  
3.3 STREET ADDRESS **12787 Mariner Court**  
3.4 CITY-ST-ZIP **Palm City, FL 34990**

TITLE **DS** ☐ DELETE

4.1 TITLE **D** ☐ Change ☒ Addition

NAME **~~GUMMERS, CHARLES T.~~**  
STREET ADDRESS **~~12708 CINNAMON WAY~~**  
CITY-ST-ZIP **~~PALM CITY FL~~**

4.2 NAME **APPLEBY, Richard E.**  
4.3 STREET ADDRESS **12791 Cinnamon Way**  
4.4 CITY-ST-ZIP **Palm City, FL 34990**

TITLE **DP** ☐ DELETE

5.1 TITLE **DP** ☒ Change ☐ Addition

NAME **CAGLE, JAMES W**  
STREET ADDRESS **12795 CINNAMON WAY**  
CITY-ST-ZIP **PALM CITY FL**

5.2 NAME **CAGLE, J. Wayne**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

336-0209

Daytime Phone #

CR2E037 (12/95)