

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10630** (4)
1. Corporation Name
MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12600 NW HARBOUR RIDGE BLVD PALM CITY FL 34990 US	Mailing Address 12600 NW HARBOUR RIDGE BLVD PALM CITY FL 34990 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/09/1985	4. FEI Number 59-2573498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**NEARY, MICHAEL E
12600 NW HARBOUR RIDGE BLVD
PALM CITY FL 34990**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD MACDONALD, JUNE 12773 MARINER CT PALM CITY FL
NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TSD CHAPMAN, CHARLES J. 12780 MARINER COURT PALM CITY FL
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D SILVER, ROBERT L. 12787 MARINER COURT PALM CITY FL
NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D APPLEBY, RICHARD E. 12791 CINNAMON WAY PALM CITY FL
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD CHAPMAN
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russ, Dorothea
3.3 STREET ADDRESS	12794 Cinnamon Way
3.4 CITY-ST-ZIP	Palm City FL 34990
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cunningham, Charles
5.3 STREET ADDRESS	12788 Mariner Court
5.4 CITY-ST-ZIP	Palm City FL 34990
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cranda II, Emily
6.3 STREET ADDRESS	12782 Mariner Ct.
6.4 CITY-ST-ZIP	Palm City FL 34990

14. 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 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: *Charles J. Chapman* 2/18/98 561-336-7761

CR2E037 (10/97)