

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90083 003 \*\*\*\*61.25

**DOCUMENT # N10630**

1. Entity Name

**MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12660 NW HARBOUR RIDGE BLVD  
 PALM CITY FL 34990  
 US

12600 NW HARBOUR RIDGE BLVD  
 PALM CITY FL 34990  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2573498**

Applied For

Not Applicable

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

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

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	DS	<input type="checkbox"/> Delete
NAME	OCONNOR, WILLIAM R	
STREET ADDRESS	12789 MARINER COURT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOEWENBERG, JOHN D	
STREET ADDRESS	12777 MARINER COURT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WHITTAKER, WILLIAM D	
STREET ADDRESS	12783 MARINER CT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OZIER, KENNETH E	
STREET ADDRESS	12797 CINNAMON WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMM, PETER G	
STREET ADDRESS	12792 MARINER CT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grimmer, Barbara	
STREET ADDRESS	12793 Mariner CT	
CITY-ST-ZIP	Palm City FL 34990	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/02 561-336-3000**

Date

Daytime Phone #

CP2E037 (9/01)