

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90048 023 ****61.25

DOCUMENT # N10630

1. Entity Name

MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

12660 NW HARBOUR RIDGE BLVD
PALM CITY FL 34990
US

Mailing Address

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **CONNOR, WILLIAM R**
STREET ADDRESS **12789 MARINER COURT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SANBORN, JAMES F**
STREET ADDRESS **12799 MARINER CT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **OZIER, KENNETH E**
STREET ADDRESS **12797 CINNAMON WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☒ Change ☐ Addition
NAME **Ozier, Kenneth E**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **GRIMM, PETER G**
STREET ADDRESS **12792 MARINER CT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DP** ☒ Change ☐ Addition
NAME **Grimm, Peter G.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **GRIMMER, BARBARA**
STREET ADDRESS **12793 MARINER CT**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DT** ☐ Change ☒ Addition
NAME **Agnew, Richard E.**
STREET ADDRESS **12796 CINNAMON Way**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Thayer, Bradley R.**
STREET ADDRESS **12784 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/04