


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 050 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2573498			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORNETT, JANE CORNETT, GOUGE & ASSOCIATES, PA 401 E. OSCEOLA ST, FIRST FLOOR STUART, FL 34994			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	AGNEW, RICHARD E	NAME					
STREET ADDRESS	12796 CINNAMON WAY	STREET ADDRESS					
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BELL, ROBIN	NAME					
STREET ADDRESS	12797 MARINER COURT	STREET ADDRESS					
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP					
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FISH, ROBERT	NAME	<i>DT Michael Carr</i>				
STREET ADDRESS	12785 MARINER CT	STREET ADDRESS	<i>12795 Mariner Ct.</i>				
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	<i>Palm City FL 34990</i>				
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROBERTSON, SHIRLEY	NAME					
STREET ADDRESS	12769 MARINER COURT	STREET ADDRESS					
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	<i>D John Grimmer</i>				
STREET ADDRESS		STREET ADDRESS	<i>12793 Mariner Ct.</i>				
CITY-ST-ZIP		CITY-ST-ZIP	<i>Palm City FL 34990</i>				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard E. Agnew* **RICHARD E. AGNEW** 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #