

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # N29260	
1. Entity Name MARINER OFFICE PARK MERCHANT'S ASSOCIATION, INC.	
Principal Place of Business 495 MARINER BLVD SPRING HILL, FL 34609 US	Mailing Address 495 MARINER BLVD SPRING HILL, FL 34609 US



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2943547	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BATISTA, THERESA
495 MARINER BLVD
SPRING HILL, FL 34609

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000787384
01/17/08-80080-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, SCOTT
STREET ADDRESS	471 MARINER BLVD
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	ST
NAME	BATISTA, THERESA
STREET ADDRESS	495 MARINER BLVD
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	V
NAME	ANDERSON, ROY J
STREET ADDRESS	441 MARINER BLVD
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Batista

1/14/08

(352) 666-1300