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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45769** **(9)**

1. Corporation Name

MARINER VILLAGE PROPERTY OWNERS, INC.

Principal Place of Business	Mailing Address
10462 NW 31 TERR SUITE 1612 MIAMI FL 33172 US	10462 NW 31 TERR SUITE 1612 MIAMI FL 33172 US

3. Date Incorporated or Qualified: **10/25/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 7601 SW Lost River Rd.

2a. Mailing Address
26 7601 SW Lost River Rd

4. FEI Number: **65-0249462** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State
23 Stuart, FL

City & State
28 Stuart, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24 34997

Country
25 USA

Zip
29 34997

Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☒ No

9. Name and Address of Current Registered Agent

TABOR, MARTIN A.
10462 NW 31 TERR
SUITE 1612
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Tabor Martin A.

82 Street Address (P.O. Box Number is Not Acceptable): 7601 SW Lost River Rd.

83

84 City: Stuart **FL** 85 Zip Code: 34997

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: [signature] PRES. 4/29/96

(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TABOR, MARTIN A. 10462 NW 31 TERR MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Tabor, Martin A. 7601 SW Lost River Rd. Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAMOS, OSIRIS 10462 NW 31 TERR MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Ramos, Osiris 7601 SW Lost River Rd. Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD TABOR, ABBY 10462 NW 31 TERR MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VSD Tabor, Abby 7601 SW Lost Rive Rd. Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] PRES. 4/29/96 (407) 220-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Martin A. Tabor