

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90005 024 ****61.25

DOCUMENT # **N 45769** *ck*

1. Corporation Name

Mariner Village Property Owners, Inc.

563197- 90005 - 24

Principal Place of Business

Mailing Address

**5100 Devenwood Way
Stuart, FL. 34997**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **5110 Devenwood Way**

26 **7200 W. Camino Real**

10-29-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27 **# 303**

65-0249462

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Stuart, FL

Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

34997

USA

33433

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name *x*

BETH TEARDO PRINZ

82 Street Address (P.O. Box Number is Not Acceptable)

x **WARNER, FOX, WACKEEN, DUNGEY et al**

x **1100 South Federal Highway**

84 City

Stuart

FL

85 Zip Code

34994

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Beth Teardo Prinz

x 4.7.99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **President**
STREET ADDRESS **Martin Tabor**
CITY-ST-ZIP **7601 SW Lost River Rd.
Stuart, FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **President**
1.3 STREET ADDRESS **Jerome Squillaro**
1.4 CITY-ST-ZIP **7180 SE Seagate LA
STUART, FL 34997**

TITLE ☒ DELETE
NAME **Vice Pres + Secretary**
STREET ADDRESS **Abby Tabor**
CITY-ST-ZIP **Same as above**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Vice Pres.**
2.3 STREET ADDRESS **Donald East**
2.4 CITY-ST-ZIP **4887 SE MARINER VILLAGE LA
STUART, FL 34997**

TITLE ☒ DELETE
NAME **Treasurer**
STREET ADDRESS **Osiris Ramos**
CITY-ST-ZIP **Same as above**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Tres.**
3.3 STREET ADDRESS **Raymond Levine**
3.4 CITY-ST-ZIP **7184 SE Seagate LA
STUART, FL 34997**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Sec.**
4.3 STREET ADDRESS **Vera Burger**
4.4 CITY-ST-ZIP **7264 SE MAGEIAN LA
STUART, FL 34997**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **Michael Nisenbaum**
5.4 CITY-ST-ZIP **2541 metrocentre Blvd. #2
WPR, FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jerome Squillaro

561-223-7359