

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90007 003 ****61.25

DOCUMENT # N45769

1. Entity Name

MARINER VILLAGE PROPERTY OWNERS, INC.

Principal Place of Business

Mailing Address

**5110 DEVENWOOD WAY
 STUART FL 34997
 US**

**P O BOX 2567
 STUART FL 34995
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0990447

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORNETT, JANE PA
 401 E. OSCEOLA STREET
 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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **COHEN, NORMAN**
 STREET ADDRESS **7197 SE SEAGATE LANE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Costantini, Anthony**
 STREET ADDRESS **4907 SE Mariner Village**
 CITY-ST-ZIP **Stuart, Florida 34997**

TITLE **VPD** ☐ Delete
 NAME **DAVIS, JAMES**
 STREET ADDRESS **4938 SE DEVENWOOD WAY**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **HAYNES, SANDRA**
 STREET ADDRESS **7312 SE SEAGATE LANE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Morgano, Robert**
 STREET ADDRESS **7189 SE Seagate Lane**
 CITY-ST-ZIP **Stuart, Florida 34997**

TITLE **TD** ☒ Delete
 NAME **MUSSELLMAN, DON**
 STREET ADDRESS **4824 SE MARINER VILLAGE LANE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Wu, Eric**
 STREET ADDRESS **4985 SE Devenwood Way**
 CITY-ST-ZIP **Stuart, Florida 34997**

TITLE **D** ☒ Delete
 NAME **OLDEHOFF, RICH**
 STREET ADDRESS **7004 SE CUTLER TRAIL**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Change ☒ Addition
 NAME **Calderone, Rich**
 STREET ADDRESS **3061 SE Devenwood Way**
 CITY-ST-ZIP **Stuart, Florida 34997**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Friedman, Rich**
 STREET ADDRESS **6988 SE Cutler Trail**
 CITY-ST-ZIP **Stuart, Florida 34997**

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 REQUIRED** **James Davis, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

561-781-4600

Daytime Phone #

CR2E037 (9/01)