2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90011 030 ****61.25

DOCUMENT # N45769

1. Entity Name
MARINER VILLAGE PROPERTY OWNERS, INC.

J04032321

Principal Place of Business	Mailing Address
5110 DEVENWOOD WAY STUART, FL 34997 US	PO 2547 2501 STUART STUART, FL 34995 US

DO NOT WRITE IN THIS SPACE

03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0990447
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE PA
606 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983

Bayshore Management
1301 SW Bayshore Blvd
Port St. Lucie, FL 34983

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] Anthony Puricicato 04/01/04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	COSTANTINI, ANTHONY	Raymond Ivers
STREET ADDRESS	4907 SE MARINER VILLAGE	7240 SE Magellan Ln
CITY-ST-ZIP	STUART, FL 34997	
TITLE	V	
NAME	DAVIS, JAMES	Debbie Ricca
STREET ADDRESS	4938 SE DEVENWOOD WAY	5000 SE Mariner Village Ln
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	
NAME	MORGANO, ROBERT	Jerry Amlong
STREET ADDRESS	7189 SE SEAGATE LANE	7160 SE Seagate Ln
CITY-ST-ZIP	STUART, FL 34997	
TITLE	T	
NAME	WU, ERIC	Trudy Achenbach
STREET ADDRESS	4985 SE DEVENWOOD WAY	5004 Magellan Ln
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	
NAME	CALDERONE, RICH	Larry Walczak
STREET ADDRESS	3061 SE DAVENWOOD WAY	7221 Magellan Ln
CITY-ST-ZIP	STUART, FL 34997	
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 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] 4/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #