

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.	

Principal Place of Business 5110 DEVENWOOD WAY STUART, FL 34997 US	Mailing Address 2501 STUART STUART, FL 34995 US
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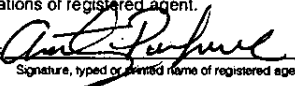
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03262004 No Chg-NP CR2E037 (10/03)

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

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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 	Anthony Purificato	04/01/04
Signature, typed or printed name of registered agent and title if applicable.		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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTANTINI, ANTHONY 4907 SE MARINER VILLAGE STUART, FL 34997 Raymond Ivers 7240 SE Magellan Ln
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JAMES 4938 SE DEVENWOOD WAY STUART, FL 34997 Debbie Ricca 5000 SE Mariner Village Ln
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGANO, ROBERT 7189 SE SEAGATE LANE STUART, FL 34997 Jerry Amolony 7160 SE Seagate Ln
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WU, ERIC 4985 SE DEVENWOOD WAY STUART, FL 34997 Trudy Achenbach 5004 Magellan Ln
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERONE, RICH 3061 SE DAVENWOOD WAY STUART, FL 34997 Larry Walczak 7221 Magellan Ln
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4/2/04	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #