

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45769

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** MARINER VILLAGE PROPERTY OWNERS, INC.

**Current Principal Place of Business:**

5200 SE DEVENWOOD WAY  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2567  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 65-0990447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNETT, JANE L  
CORNETT GOOGE & ASSOCIATES P.A.  
401 E OSCEOLA ST  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COSTANTINI, ANTHONY  
Address: 4907 MARINER VILLAGE LANE  
City-St-Zip: STUART, FL 34997

Title: PD  
Name: COHEN, NORMAN  
Address: 7197 SE SEAGATE LANE  
City-St-Zip: STUART, FL 34997

Title: TD  
Name: BRUNO, ALFRED  
Address: 4832 SE MARINER VILLAGE LANE  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: ACHENBACH, TRUDY  
Address: 5004 SE MARINER VILLAGE LANE  
City-St-Zip: STUART, FL 34997

Title: D  
Name: CASTELLANO, ROBERT  
Address: 4940 SE MARINER VILLAGE LN.  
City-St-Zip: STUART, FL 34997

Title: VPD  
Name: CASTELLI, SAL  
Address: 4839 SE MARINER VILLAGE LANE  
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN COHEN

PD

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date