

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45769

FILED
Mar 09, 2011
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 GOUGE & 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

03/09/2011

Electronic Signature of Signing Officer or Director

Date