

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90190 006 ***61.25

DOCUMENT # **N45769**

1. Entity Name

Mariner Village Property Owners Assoc. Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2501 Stuart, FL 34995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL

Zip

Country

Zip

34995

Country

USA

4. FEI Number

65-0990447

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bayshore Association Mgmt

Street Address (P.O. Box Number is Not Acceptable)

606 SW Bayshore Blvd

City

Port St Lucie

FL

Zip Code

34983

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

5/7/03

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Morgano 7189 SE Seagate Lane Stuart, FL 34997	P	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Audrey Bardsley 4911 SE Mariner Village Lane Stuart, FL 34997	✓	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard Friedman 6988 Cuthbert Trail Stuart, FL 34997	S	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rodney Early 7008 Cuthbert Trail Stuart, FL 34997	T	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Craig Adolfsen 7193 SE Magellan Lane Stuart, FL 34997	D	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

5/7/03

772
871-0004

Daytime Phone #

CR2E037B (12/02)