FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09907 (9)

1. Corporation Name
MARINER'S WAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 MERINERS WAY ~~ONE CLEARLAKE CENTRE, SUITE 1010~~ BOYNTON BCH FL 33435 US	P O BOX 660 ~~ONE CLEARLAKE CENTRE, SUITE 1010~~ BOYNTON BCH FL 33425 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1985
3a. Date of Last Report: 06/01/1994
4. FEI Number: 650305049 1 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GELFAND MICHAEL J.
250 AUSTRALIAN AVENUE SOUTH
ONE CLEARLAKE CENTRE, SUITE 1010
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: MICHAEL J. GELFAND
82 Street Address (P.O. Box Number is Not Acceptable): ONE CLEARLAKE CENTER, STE 1010
83: 250 S. AUSTRALIAN AVENUE
84 City: WEST PALM BEACH FL 85 Zip Code: 33401-5012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	D	☐ Change XX ☐ Addition
NAME	~~ROBERTS, GERRY~~	12 NAME	ERNEST GROSSHANTEN	
STREET ADDRESS	~~838 MARINERS WAY~~	13 STREET ADDRESS	752 MARINERS WAY	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~	14 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	~~VD~~ FALTERER	21 TITLE	P/D	XX Change ☐ Addition
NAME	~~GREENWOOD~~, CHRISTIAN	22 NAME	CHRISTIAN FALTERER	
STREET ADDRESS	724 MARINERS WAY	23 STREET ADDRESS	724 MARINERS WAY	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	~~BOYNTON BEACH, FL~~	
TITLE	~~SD~~	31 TITLE	V/D	XX Change ☐ Addition
NAME	PULEO, JOSEPH R	32 NAME		
STREET ADDRESS	720 MARINERS WAY	33 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	T/D	☐ Change XX Addition
NAME	~~ROBERTS, RICHARD~~ P	42 NAME	TAMARA GREENWOOD	
STREET ADDRESS	~~838 MARINERS WAY~~	43 STREET ADDRESS	736 Mariners Way	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~	44 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	~~D~~	51 TITLE		☐ Change ☐ Addition
NAME	~~JOSLIN, DAN~~	52 NAME		
STREET ADDRESS	~~700 MARINERS WAY~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~BOYNTON BEACH FL~~	54 CITY-ST-ZIP		
TITLE		61 TITLE	S/D	☐ Change XX Addition
NAME		62 NAME	DAVID NARDUCCI	
STREET ADDRESS		63 STREET ADDRESS	658 MARINERS WAY	
CITY-ST-ZIP		64 CITY-ST-ZIP	BOYNTON BEACH, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 3/29/95 (407) 364-7759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004903