

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010152

FILED
Apr 22, 2009
Secretary of State

Entity Name: MARINER BAY ASSOCIATION, INC.

Current Principal Place of Business:

C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BOULEVARD
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BOULEVARD
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 56-2427856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANCINI, JOSEPH J
YATES & MANCINI, LLC
328 SOUTH SECOND STREET
FORT PIERCE, FL 34950 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: DP () Delete
Name: MURRAY, BRUCE
Address: 1803 MARINER BAY BLVD.
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: SHELDON, CHAPLIN
Address: 205 SHELLEY LANE
City-St-Zip: FORT PIERCE, FL 34949

Title: DT () Delete
Name: HODGE, JANICE
Address: 104 SHELLEY LN.
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: BEATLEY, PETER
Address: 1400 MARINER BAY BLVD.
City-St-Zip: FORT PIERCE, FL 34949

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HODGE, JANICE
Address: 104 SHELLEY LN.
City-St-Zip: FORT PIERCE, FL 34949

Title: DT (X) Change () Addition
Name: SONNENBERG, JAY
Address: 1503 MARINER BAY BLVD.
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Change (X) Addition
Name: CHAPLIN, SHELDON
Address: 15 LONGVIEW CT
City-St-Zip: FRANKLIN, NC 28734

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE MURRAY

DP

04/22/2009

Electronic Signature of Signing Officer or Director

Date