

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724525

Entity Name: MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3901 SE ST. LUCIE BLVD
STUART, FL 34997

FILED
Feb 05, 2014
Secretary of State
CC6453811072

Current Mailing Address:

3901 SE ST. LUCIE BLVD
STUART, FL 34997

FEI Number: 59-1478387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODWORTH, LAWRENCE
3901 SE ST LUCIE BLVD. #22
STUART, FL 34997 US

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

Officer/Director Detail :

Title TD
Name LUCE, MYRON
Address 3901 SE ST LUCIE BLVD. #64
City-State-Zip: STUART FL 34997

Title D
Name WOODWORTH, LAWRENCE
Address 3901 SE ST. LUCIE BLVD. #22
City-State-Zip: STUART FL 34997

Title D
Name COOK, DAVID
Address 4235 CENTERBOARD LANE
City-State-Zip: STUART FL 34997

Title VPD
Name WATKINS, CHARLES
Address 407 SE JIB LANE
City-State-Zip: STUART FL 34997

Title PD
Name CASHIN, VINCENT
Address 3901 SE ST.LUCIE BLVD. #63
City-State-Zip: STUART FL 34997

Title SD
Name GOSEWISCH, PHYLLIS
Address 4087 SE CENTERBOARD LANE
City-State-Zip: STUART FL 34997

Title D
Name LASCALA, RUSS
Address 3901 SE ST. LUCIE BLVD. #56
City-State-Zip: STUART FL 34997

Title D
Name LIBERTO, TONY
Address 4020 SE WHITICAR WAY
City-State-Zip: STUART FL 34997

Continues on page 2

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: VINCENT CASHIN

PRESIDENT

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name RICHARD, SANSEVERE
Address 4194 SE CENTERBOARD LANE
City-State-Zip: STUART FL 34997

Title D
Name COLLIGAN, GENE
Address 3901 SE ST. LUCIE BLVD. #12
City-State-Zip: STUART FL 34997