SIGNATORE				04/20/20
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	RICE, TOM	Name	GREGORY, JEFFREY	
Address	1111 SE FEDERAL HWY., #100	Address	1111 SE FEDERAL HWY., #100	
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994	
Title	TREASURER	Title	SECRETARY	
Name	VANAS, ROBERT	Name	SIMKINS, ELIZABETH	
Address	1111 SE FEDERAL HWY., #100	Address	1111 SE FEDERAL HWY., #100	
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994	
Title	DIRECTOR	Title	DIRECTOR	
Name	VAN DELLEN, ROBERT	Name	HOCKING, PAUL	
Address	1111 SE FEDERAL HWY., #100	Address	1111 SE FEDERAL HWY., #100	
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994	
Title	DIRECTOR	Title	DIRECTOR	
Name	CARNS, BRAD	Name	WIEGOLD, MICHAEL	
Address	1111 SE FEDERAL HWY., #100	Address	1111 SE FEDERAL HWY., #100	
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994	

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 724525**

## Entity Name: MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

1111 SE FEDERAL HWY., #100 STUART, FL 34994

## **Current Mailing Address:**

1111 SE FEDERAL HWY., #100 STUART, FL 34994 US

## FEI Number: 59-1478387

## Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., #100 STUART, FL 34994 US

SIGNATURE: BARBARA SHEA

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.

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: TOM RICE

PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 26, 2023 Secretary of State 1432993383CC

04/26/2023

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	VOULGARIS, NICOLAS	Name	BYSTROM, DAVID
Address	1111 SE FEDERAL HWY., #100	Address	1111 SE FEDERAL HWY., #100
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994