

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724525

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

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**0320425563CC**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY., #100  
STUART, FL 34994 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: BARBARA SHEA**

**03/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           RICE, TOM  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           VP  
Name           LIBERTO, TONY  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           TREASURER  
Name           SIMKINS, DAVID  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           SECRETARY  
Name           COURY, KATHY  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           BOYLE, TOM  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           CONNELLY, JOHN  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           GREGORY, JEFFREY  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           GOSMAN, NELSON  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

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*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**

**03/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           TOEBE, JOHN  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           VAN DELLEN, ROBERT  
Address        1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994