

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726586

Entity Name: 5700 MARINER SOUTH, INC.**Current Principal Place of Business:**4520 W. VILLAGE DR.
SUITE F
TAMPA, FL 33624**Current Mailing Address:**4520 W. VILLAGE DR.
SUITE F
TAMPA, FL 33624**FEI Number:** 23-7317698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL,CARNEY,GROSS,MALLER & RAMSAY, PA
ONE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG, FL 33701 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	PD
Name	SOMERS, CLIFFORD
Address	5700 MARINER DR 404W
City-State-Zip:	TAMPA FL 33609

Title	SD
Name	HOLWAY, JAMES
Address	5700 MARINER DR. 203E
City-State-Zip:	TAMPA FL 33609

Title	VD
Name	MACKE, MARK
Address	5700 MARINER DRIVE, # 204W
City-State-Zip:	TAMPA FL 33609

Title	TREASURER
Name	TAFT, JEANETTE
Address	5700 MARINER STREET #605
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	JACOBUS, DEAN
Address	5700 MARINER STREET 606
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	KOLODNER, IZZY
Address	4520 W. VILLAGE DR. SUITE F
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR
Name	AMADOR, PEDRO
Address	4520 W. VILLAGE DR. SUITE F
City-State-Zip:	TAMPA FL 33624

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: CLIFFORD SOMERS**PRESIDENT****01/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date