

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09907

Entity Name: MARINER'S WAY ASSOCIATION, INC.**Current Principal Place of Business:**FIRSTSERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD. C/O MARINERS WAY
BOCA RATON, FL 33487**Current Mailing Address:**FIRSTSERVICE RESIDENTIAL.
6300 PARK OF COMMERCE BLVD. C/O MARINERS WAY
BOCA RATON, FL 33487 US**FEI Number:** 65-0305049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYANT-CORTEZ & CORTEZ CHARTERED PA
840 US HIGHWAY ONE
SUITE 345
NORTH PALM BEACH, FL 33408 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:** CLAIRE WYANT CORTEZ

02/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HANNING, CRAIG
Address	630 MARINERS WAY
City-State-Zip:	BOYNTON BEACH FL 33435

Title	VP
Name	HOOD, MICHAEL
Address	646 MARINERS WAY
City-State-Zip:	BOYNTON BEACH FL 33435

Title	PRESIDENT
Name	FLEWELLYN, LAUREN
Address	704 MARINERS WAY
City-State-Zip:	BOYNTON BEACH FL 33435

Title	TREASURER, SECRETARY
Name	FARAGE, JEFFREY
Address	724 MARINERS WAY
City-State-Zip:	BOYNTON BEACH FL 33435

Title	DIRECTOR
Name	MARCHESE, TROY
Address	736 MARINERS WAY
City-State-Zip:	BOYNTON BEACH FL 33435

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: LAUREN FLEWELLYN

PRESIDENT

02/19/2021

Electronic Signature of Signing Officer/Director Detail

Date