

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20887

**Entity Name:** MARINER'S COVE MARINA OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC5083969744**

**Current Principal Place of Business:**

2389 TREASURE ISLE DR  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

7260 WEST OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 US

**FEI Number: 59-2840913**

**Certificate of Status Desired: No**

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

DICKER, KRIVOK & STOLOFF, PA  
1818 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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 VP  
Name POLSON, DAVID A  
Address 2379 TREASURE ISLES DRIVE, A24  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT  
Name APICELLA, ARTHUR  
Address 2439 TREASURE ISLE DR SUITE A-1  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT  
Name WAGNER, JAMES  
Address 2280 TREASURE ISLE DRIVE  
A-83  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name SLAMOWITZ, STEVE  
Address 2359 TREASURE ISLE DRIVE # A38  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name STAEHLE, MICHAEL  
Address 2480 TREASURE ISLE DRIVE # B01  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name FALCONE, MARIE  
Address 2280 TREASURE ISLE DRIVE A-80  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY  
Name BYRUM, JEFF  
Address 2379 TREASURE ISLE DRIVE A-25  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER  
Name BYRUM, WILMA  
Address 2379 TREASURE ISLE DRIVE A-25  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: ARTHUR APICELLA**

**PRESIDENT**

**03/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date