

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20887

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

Current Principal Place of Business:

2389 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

7264 WEST OAKLAND PARK BLVD
LAUDERHILL, FL 33313

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 P
Name POLSON, DAVID A
Address 2379 TREASURE ISLES DRIVE, A24
City-State-Zip: PALM BEACH GARDENS FL 33410

Title T
Name TUMAN, STAN
Address 2300 TREASURE ISLE DR., #A76
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title VP
Name BARNETT, STEVEN
Address 2299 TREASURE ISLE DR SUITE A-56
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title D
Name ERNESTO, MENDOZA
Address 2359 TREASURE ISLE DRIVE
A-32
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: DAVID POLSON

PRESIDENT

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date