

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N20887

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

FILED
Feb 24, 2022
Secretary of State
6817742885CC

Current Principal Place of Business:

2389 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
JUPITER, FL 33458 US

FEI Number: 59-2840913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFREY REMBAUM P.A.
9121 NORTH MILITARY TRAIL
SUITE 200
PALM BEACH GARDENS, FL 33410 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: JEFFREY REMBAUM

02/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOKELA, ESA
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title TREASURER
Name DAMATO, STEVE
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name SORENSEN, NEAL
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name EMERY, BILL
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name KOCHER, SHERI
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title VP
Name POLSON, DAVID
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name WELSH, PATRICK
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name BEAL, MEL
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458

Continues on page 2

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: ESA JOKELA

PRESIDENT

02/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LASHWAY, SHERRY
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458