

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20887

FILED
Feb 29, 2016
Secretary of State
CC2735078428

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:

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

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

Title D
Name TUMAN, DIANE
Address 2300 TREASURE ISLE DRIVE
A-76
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name WATERMAN , WALLI
Address 2396 TREASURE ISLE DRIVE
B 15
City-State-Zip: PALM BEACH GARDENS FL 33410

Title S
Name GURNEY, MARK
Address 2399 TREASURE ISLE DRIVE # A17
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

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

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date