

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723080

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MARINER ASSOCIATION, INC.

**Current Principal Place of Business:**

6289 LEAR DR.  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

4010 S 57TH AVE  
204  
GREENACRES, FL 33463 US

**New Mailing Address:**

FEI Number: 59-1723260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ST. JOHN CORE FIORE LEMME, P.A.  
1601 FORUM PLACE  
SUITE 701  
WEST PALM BEACH, FL 33401 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DENOFRIO, LOUIS  
Address: 2878 DONNELLY DR #203  
City-St-Zip: LANTANA, FL 33462

Title: P ( ) Delete  
Name: WHALEN, JAMIE  
Address: 2878 DONNELLY DR #106  
City-St-Zip: LANTANA, FL 33462

Title: VD ( ) Delete  
Name: ROCK, A.J.  
Address: 6289 LEAR DR. #102  
City-St-Zip: LANTANA, FL 33462

Title: T ( ) Delete  
Name: CLARK, SUSAN  
Address: 2878 DONNELLY DR 209  
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete  
Name: DENOFRIO, JOANNE  
Address: 2878 DONNELLY DR #203  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: KOIVUJARJU, JURKI  
Address: 6289 LEAR DRIVE 204  
City-St-Zip: LANTANA, FL 33462

Title: S (X) Change ( ) Addition  
Name: MURARIU, GEORGE  
Address: 6289 LEAR DRIVE #406  
City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMIE WHALEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date