

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90118 034 \*\*\*\*61.25

**DOCUMENT # 724525**

1. Entity Name  
**MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3901 SE ST. LUCIE BLVD  
STUART, FL 34997**

Mailing Address  
**3901 SE ST. LUCIE BLVD  
STUART, FL 34997**

**50029367**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1478387**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, JAYNE  
408 CAMDEN AVENUE  
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jayne McGrath*

**Jayne McGrath**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME LANE, DONALD  
STREET ADDRESS 3901 SE ST. LUCIE BLVD.  
CITY-ST-ZIP STUART, FL 34997

TITLE PD ☐ Change ☒ Addition  
NAME Emil D Tietje  
STREET ADDRESS 3901 SE St Lucie Blvd  
CITY-ST-ZIP ~~Staurt FL 34997~~

TITLE VPD ☒ Delete  
NAME MATHIAS, LARRY  
STREET ADDRESS 3901 SE ST. LUCIE BLVD.  
CITY-ST-ZIP STUART, FL 34997

TITLE VPD ☐ Change ☒ Addition  
NAME Stanley Brenner  
STREET ADDRESS 3901 SE St Lucie Blvd  
CITY-ST-ZIP ~~Staurt Fl 34997~~

TITLE SD ☒ Delete  
NAME BROWNING-SHARALYN  
STREET ADDRESS 3901 SE ST LUCIE BLVD  
CITY-ST-ZIP STUART, FL 34997

TITLE SD ☐ Change ☒ Addition  
NAME Rodney Trythall  
STREET ADDRESS 3901 SE St Lucie Blvd  
CITY-ST-ZIP ~~Stuart Fl 34997~~

TITLE TD ☐ Delete  
NAME HILLEGAS, DAVID  
STREET ADDRESS 3901 SE ST. LUCIE BLVD.  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jayne McGrath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/05**

Date

Daytime Phone #