2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 724525 1. Entity Name MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.						0	3-21-2005	5 90118 C)34 ****6:	1.25
Principal Place of Business 3901 SE ST. LUCIE BLVD STUART, FL 34997 Mailing Address 3901 SE ST. LUCIE BLV STUART, FL 34997 STUART, FL 34997)				Į.	50029	367 ·
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02112005 _C	hg-NP	CR2E0	37 (10/03)	
City & State			City & State		-	4. FEI Number Applied For S9-1478387 Not Applicable				
Zip	Zíp Country		Zip	Country	5. Certificate of S		tatus Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MOODATIL MAYAIF				Name			· · · · · · · · · · · · · · · · · · ·			
MCGRATH, JAYNE 408 CAMDEN AVENUE STUART, FL 34994			Street Ad		ddress (I	ess (P.O. Box Number is Not Acceptable)				
STUART, FL 34994										
					FL Zip Code					
	tions of registe			egistered office of ayne MC	Grat	:h	the State of F	lorida. I am	familiar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.							
	_					\$5.00 May Be Added to Fees	1		k payable to	
10.	_		Trust Fund Co			\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fic	rida Depa	rtment of St	tate
TITLE	Due by M	OFFICERS AND	Trust Fund Co	11.	PD	Added to Fees ADDITIONS/CHANG	FIG SES TO OFFIC	rida Depa	rtment of St	tate
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR WHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Daytime Phone #