## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT #724526** 03-06-2008 90047 044 \*\*\*\*61.25 MARINER CAY LASSOCIATION, INC. Principal Place of Business Mailing Address 3901 S.E. ST. LUCIE BOULEVARD 3901 S.E. ST. LUCIE BOULEVARD STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1478386 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINA, LOUIS P JR Street Address (P.O. Box Number is Not Acceptable) 3901 SE ST. LUCIE BLVD\_ STUART, FL 34994 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 Signature, typed or printed name of requitered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOODWORTH, WARREN NAME NAME 3901 SE ST. LUCIE BLVD #36 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **STUART, FL 34997** CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition BROWN, JOAN NÁME NAME 3901 SE ST.LUCIE BLVD #26 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE **⊠** Del∉te TITLE TD Change Addition BAKER, GRANT NAME NAME RUPERT METZROTH 3901 SE ST. LUCIE BOULEVARD STREET ADDRESS STREET ADDRESS 3901 SE ST LUCIE BLVD STUART, FL 34997 CITY-ST-ZIP -CITY-ST-ZIP STUART, FL 34997 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE Delete TRUE Change ☐ Addition NAME NAME WREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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.

**FILED** 

Mar 06, 2008 8:00 am