FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

/@\

1. Corporat	INITINI # 70400 ion Name	5 0	(0)			
THE	MARINERS CLUB ASSOCIA	ATION, INC.				
Principal Place of Business Mailing Ad			ess			- I DOURA FORDO AHAN OVODE INION BARN OLEM OLEM OLEM ANDRI DIDA ANDRI DIDA ANDRI DIDA ANDRI DIDA ANDRI DIDA ANDRI DIDA ANDRI
8414 SW 206 MIAMI FL 33			20758 SOUTHWEST 84TH AVENUE MIAMI FL 33189			3. Date Incorporated or Qualified
						01/22/1976 4. FEI Number Applied For
						59-242 1563 Not Applicable
2. Principal	Place of Business	2a. Mailing A	2a. Mailing Address			
21		26				Fee Required
Suite, Ap	t. #, etc .	Suite, Apt	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & St	ate		City & State			7. Is this nonprofit corporation a homeowners association?
23		28	├ '			Yes No
Žip	_ ` _ _		Zip Country		у	8. This corporation owes or has paid the current year Intangible
24	25	29		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Registered Age	nt	81	Name	10. Name and Address of New Registered Agent
EDWA	DUG E BDYD					
EDWARDS, E. BRAD 8414 SW 208TH STREET				82	Street	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 83189				63		
*****				84	City	65 Zip Code
				1		
11. Pursuar	nt to the provisions of Sections 617.0	502 and 617.1508, F	orida Statute	s, the abov	e-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the ob	ligations of, Section 6	17.0503, Flo	rida Statute	s.	political of all obtains with the supplication and a supplication and
SIGNATURE	Signature, typed or printed name of registered	social and title it emplicable	INOTE	- Registered An	ent signature	required when reinstating) DATE
12.		AND DIRECTORS		13.	ork bigitation	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD		DELETE	1.1 TITLE		Sec/Treas./Director
NAME	FIESELMAN, CHARLOTTE	A		1.2 NAME		Fieselman, Charlotte A.
STREET ADDRESS				1.3 STREET	T ADDRESS	20758 SW 84th Avenue
CITY-ST-ZIP	MIAMI FL 33189		DELETE	1.4 CITY - 5	ST-ZIP	Miami FL 33189
TITLE NAME	PD EDWARDS, BRAD	L_	DELETE	2.1 TITLE 2.2 NAME		President/Director
STREET ADDRESS	A 4 4 4 A A 1 17 11 11 11 11 A A A A A A A A A	RFFT			T ADDRESS	Edwards, Brad (Same)
CITY-ST-ZIP	MIAMI FL 33189	·		2.4 CITY-		8414 Southwest 208 Street
TITLE	TD	X	DELETE	3.1 TITLE		Miami, FL 33189 Change M Addition
NAME	GARCIA, SUSAN			3.2 NAME		Thomas Gates
STREET ADDRESS	l l			3.3 STREE	t adoress	8415 SW 208 Terrace
CITY-ST-ZIP	MIAMI FL	- к	DELETE	3.4. CITY -	ST-ZIP	Miami, FT 33189
TITLE	CRUZO, MARITZA	125	DELETE	4.1 TITLE		CHANGE NUMBER
NAME STREET ADDRESS	ALLO OLL DOD OTOFFT			4.2 NAME	T ADDRESS	√
STREET ADDRESS	MIAMI FL 33189			4.4 CITY-		· .
TITLE	VPD		DELETE	5.1 TITLE		VP/Director (Same) Change Addition
NAME	NELLISSEN, DON			5.2 NAME		Nellissen, Don
STREET ADDRESS				5.3 STREE	t address	20750 SW 84th Avenue
CITY-ST-ZIP	MIAMI FL			5.4 CITY-		
TITLE	Susan Esquetini	Ľ	DELETE	6.1 TITLE		Li diange Mai residen
NAME	8413 CM 208 Torr	200		6.2 NAME		Director (

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted as on an attachment with an address.

6.3 STREET ADDRESS

Susan Esquetini

STREET ADDRESS

8413 SW 208 Terrace

Miami, FL 33189

FILED

Jun 18 1998 8:00am

Secretary of State