FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743840** **(1)**

1. Corporation Name

MARINER SANDS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6500 MARINER SANDS DRIVE STUART FL 34997	6500 MARINER SANDS DRIVE STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2147192 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAW, DANIEL W. 6500 MARINER SANDS DR STUART FL 34997	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the capacity) (If NEW Registered Agent signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	P	☒ Change ☐ Addition
NAME	TIERNEY, RICHARD	12 NAME		
STREET ADDRESS	6500 MARINER SANDS DR	13 STREET ADDRESS		
CITY ST ZIP	STUART, FL 00000	14 CITY ST ZIP		
TITLE	SD	21 TITLE	VP	☒ Change ☐ Addition
NAME	O'NEIL, JOHN P	22 NAME	Doris Frenaye	
STREET ADDRESS	6500 MARINER SANDS DR	23 STREET ADDRESS		
CITY ST ZIP	STUART, FL 00000	24 CITY ST ZIP		
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	BARNHORST, LARRY	32 NAME	John Reagan	
STREET ADDRESS	6500 MARINER SANDS DR	33 STREET ADDRESS		
CITY ST ZIP	STUART, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE	SD	☒ Change ☐ Addition
NAME	RIDGWAY, RICHARD	42 NAME	Robert Fisher	
STREET ADDRESS	6500 MARINER SANDS DR.	43 STREET ADDRESS		
CITY ST ZIP	STUART FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	FRENAYE, DORIS	52 NAME	Russell MacDonnell	
STREET ADDRESS	6500 MARINER SANDS DR.	53 STREET ADDRESS		
CITY ST ZIP	STUART FL	54 CITY ST ZIP		
TITLE	P	61 TITLE	D	☒ Change ☐ Addition
NAME	HILLCOAT, ALEXANDER I	62 NAME	Robert Willis	
STREET ADDRESS	6500 MARINER SANDS DR.	63 STREET ADDRESS		
CITY ST ZIP	STUART FL	64 CITY ST ZIP		

14. I do hereby certify that no information supplied with this filing is voluntarily furnished and 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 changed or on an attachment with an address.

SIGNATURE: Daniel W. Shaw Registered Agent for 288-1114
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Telephone Number)
4/24/95

0021110