

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **08/07/1978** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SHAW, DANIEL W.
6500 MARINER SANDS DR
STUART FL 34997

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SD
NAME	TIERNEY, RICHARD	1.2 NAME	STADLER, DONALD
STREET ADDRESS	6500 MARINER SANDS DR	1.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VP	2.1 TITLE	
NAME	FRENAYE, DORIS	2.2 NAME	
STREET ADDRESS	6500 MARINER SANDS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	REAGAN, JOHN	3.2 NAME	
STREET ADDRESS	6500 MARINER SANDS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	P
NAME	FISHER, ROBERT	4.2 NAME	FISHER, ROBERT
STREET ADDRESS	6500 MARINER SANDS DR.	4.3 STREET ADDRESS	6500 MARINER SANDS DR
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D	5.1 TITLE	D
NAME	MACDONNELL, RUSSELL	5.2 NAME	MOONEY, WALLACE
STREET ADDRESS	6500 MARINER SANDS DR.	5.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D	6.1 TITLE	
NAME	WILLIS, ROBERT	6.2 NAME	
STREET ADDRESS	6500 MARINER SANDS DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)