

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1997 8:00am  
Secretary of State

|                                                 |                                                                                   |                                                                                                                  |
|-------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 743840 (1)**  
 1. Corporation Name  
**MARINER SANDS PROPERTY OWNERS ASSOCIATION, INC.**



|                                                                                    |                                                                             |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>6500 MARINER SANDS DRIVE<br/>STUART FL 34997</b> | Mailing Address<br><b>6500 MARINER SANDS DRIVE<br/>STUART FL 34997-8723</b> |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/07/1978</b> | 3a. Date of Last Report<br><b>07/08/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                                                                                                                 |                                                                                                                      |                                                                                                                    |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country | 4. FEI Number<br><b>59-2147192</b><br>Applied For<br>Not Applicable                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |
|                                                                                                                                 |                                                                                                                      | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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**

|                                                              |
|--------------------------------------------------------------|
| <b>81</b> Name                                               |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>                                                    |
| <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                  |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| TITLE                      | <b>SD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>STADLER, DONALD</b>                               | 1.2 NAME                                              | <b>Stephens, Donald</b>                                                                          |
| STREET ADDRESS             | <b>6500 MARINER SANDS DR</b>                         | 1.3 STREET ADDRESS                                    | <b>6500 Mariner Sands Dr.</b>                                                                    |
| CITY-ST-ZIP                | <b>STUART, FL 00000</b>                              | 1.4 CITY-ST-ZIP                                       | <b>Stuart, FL 34997</b>                                                                          |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <b>P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>FRENAYE, DORIS</b>                                | 2.2 NAME                                              | <b>Sweeney, Raymond</b>                                                                          |
| STREET ADDRESS             | <b>6500 MARINER SANDS DR</b>                         | 2.3 STREET ADDRESS                                    | <b>6500 Mariner Sands Dr.</b>                                                                    |
| CITY-ST-ZIP                | <b>STUART, FL 00000</b>                              | 2.4 CITY-ST-ZIP                                       | <b>Stuart, FL 34997</b>                                                                          |
| TITLE                      | <b>TD</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <b>T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>REAGAN, JOHN</b>                                  | 3.2 NAME                                              | <b>Clifford, William</b>                                                                         |
| STREET ADDRESS             | <b>6500 MARINER SANDS DR</b>                         | 3.3 STREET ADDRESS                                    | <b>6500 Mariner Sands Dr.</b>                                                                    |
| CITY-ST-ZIP                | <b>STUART, FL 00000</b>                              | 3.4 CITY-ST-ZIP                                       | <b>Stuart, FL 34997</b>                                                                          |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE             | 4.1 TITLE                                             | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | <b>FISHER, ROBERT</b>                                | 4.2 NAME                                              | <b>Fisher, Robert</b>                                                                            |
| STREET ADDRESS             | <b>6500 MARINER SANDS DR.</b>                        | 4.3 STREET ADDRESS                                    | <b>6500 Mariner Sands Dr.</b>                                                                    |
| CITY-ST-ZIP                | <b>STUART FL</b>                                     | 4.4 CITY-ST-ZIP                                       | <b>Stuart, FL 34997</b>                                                                          |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE                                             | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>MOONEY, WALLACE</b>                               | 5.2 NAME                                              | <b>Rhodes, Sheila</b>                                                                            |
| STREET ADDRESS             | <b>6500 MARINER SANDS DR.</b>                        | 5.3 STREET ADDRESS                                    | <b>6500 Mariner Sands Dr.</b>                                                                    |
| CITY-ST-ZIP                | <b>STUART FL</b>                                     | 5.4 CITY-ST-ZIP                                       | <b>Stuart, FL 34997</b>                                                                          |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 6.1 TITLE                                             | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>WILLIS, ROBERT</b>                                | 6.2 NAME                                              | <b>Ridgway, Richard</b>                                                                          |
| STREET ADDRESS             | <b>6500 MARINER SANDS DR.</b>                        | 6.3 STREET ADDRESS                                    | <b>6500 Mariner Sands Dr.</b>                                                                    |
| CITY-ST-ZIP                | <b>STUART FL</b>                                     | 6.4 CITY-ST-ZIP                                       | <b>Stuart, FL 34997</b>                                                                          |

14. I do 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 changed, or on an attachment with an address.

CR2E037 (9/96)