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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

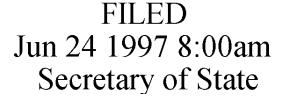
MARINER SANDS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6500 MARINER SANDS DRIVE

6500 MARINER SANDS DRIVE





STUART FL 3	4997	-	STUART FL 34997-8723									
							3.	Date Incorporated or Qualified 08/07/1978	3a. Da		ast Repor 3/1996	
⊢ '	Place of Busin	ess	2a. Mailing Address				4.	FEI Number			Applie	d For
21			26					59-2147192			Not Ap	plicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. (Certificate of Status Desired			75 Addi	
City & State			City & State								e Requir	
23			28					Election Campaign Financing Trust Fund Contribution	П		.00 May	
Zip		Country	Zip	Cou	ntry			This corporation has liability for	ntangible			
24		25	29	30			1		Yes [,,,,,,
	9, Name	and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent							
					81 N	ame						
	DANIEL W.		82 Street Addre			ress (P.(D. Box Number is Not Acceptab	le)				
	ARINER SAI	NDS DR		<u> </u>								
STUARI	T FL 34997				83							.]
					84 Ci	ty				85	Zip Code	8
11. Pursuant	to the provision	ons of Sections 617.0502	and 617 1508 Florida Stat	utes the at	ove-na	med coro	oration	submits this statement for the n	L L	obanni	na ita ra	oiotorod
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												
12.	Signatore, typeu t	OFFICERS AND		13.	Agent sig	nature require		anstating) ODITIONS/CHANGES TO OFFIC	DATE EDS AND	DIBEC	TODE IN	112
TITLE	ŚD	0.0000000000000000000000000000000000000	DELETE	1.1 10	LE	I.S.			LING AND	Char		Addition
NAME		R, DONALD		1.2 NA		St	teche	ens, Donald			,9° 6-7	************
STREET ADDRESS		RINER SANDS DR			REET ADDE	1	500 M	lariner Sands Dr.				
CITY-ST-ZIP		FL 00000			Y-ST-ZIP	CL	vart	FL 34997		•		
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CITY-ST-ZIP	STUART,	FL 00000		3.4. CO	Y-\$1-ZIF			FL 34997				
TITLE	P		☐ DELETE	4.1 TIT	Æ	VP)	.		C han	ige 🔲	Addition
NAME	FISHER,			4. 2 NA	ME	Fi	isher	Robert				
STREET ADDRESS		riner sands dr.		4.3 ST	ieet addr	FSS 65	500 IV	Robert nariner Sands Dr.				
CITY-ST-ZIP	STUART	FL	A		Y-ST-ZIP	St	tuar	, FL 34997				
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NAME		, WALLACE		5.2 NA		181	node	s, Sheila Mariner Sands Dr.	_			
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CITY-ST-ZIP	STUART	<u>FL</u>	No priese		Y-ST-ZIP		tuar	t, FL 34997				
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NAME ".	WILLIS, F			6.2 NAI		K	lagi	way Richard Mariner Sands D	_			ľ
STREET ADDRESS		riner sands dr.			EET ADDR	ESS LO	500	mariner Jands Di	r.			
CITY-ST-ZIP	STUART	r <u>L</u>		6.4 CIT	(-ST-ZIP	\$1	tuar	FL 34997				

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 eport 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.