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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(1)

MARINER SANDS PROPERTY OWNERS ASSOCIATION, INC.

Secretary of State

FILED

Feb 18 1998 8:00am

					- I SOCIA SERIA SIRAR SIRAR ARKI CIDIR GENERAL BARKI DIDIR GENERAL			
Principal Place of Business		Mailing Address			t saatst sadir drave stebt barrt maar mater mehr ardir attris o	IBII MINII IBNI		
8500 MARINER SANDS DRIVE 6500 MARINER SAN STUART FL 34997 STUART FL 34997				3. Date Incorporated or Qualified 08/07/1978	· ·			
						oplied For ot Applicable		
2. Principal Place of Business		2a. Mailing Address 26			5. Certificate of Status Desired S8.75	Additional equired		
Suite, Apt. #	, otc	Suite, Apt	#, etc.		6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to			
City & State		City & State			7. Is this nonprofit corporation a homeowners association Yes No	7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \text{No} \)		
Zip 24	Country 25	Zір 29	Count 30	ry		tangible No		
9. Name and Address of Current Registered Agent				<u> </u>	10. Name and Address of New Registered Agent			
******			•	1 Na	ame			
SHAW, DANIEL W. 8500 MARINER SANDS DR			a	2 Str	reet Address (P.O. Box Number is Not Acceptable)			
STUART	FL 34997		[8	3				
			8	4 Cit	ty 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: pyind or printed name of registered agent and Min if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12						
TITLE	\$	X DELETE	1.1 TITLE	VD	Change	X Addition						
NAME	STEPHENS, DONALD		1.2 NAME	FYLER, ANSON		ĺ						
STREET ADDRESS	6500 MARINER SANDS DR		1.3 STREET ADDRESS	6461 WINGED FOOT DRIVE								
CITY-ST-ZIP	STUART, FL 00000		1.4 CiTY-ST-ZiP	STUART, FL 34997		j						
TITLE	P	DELETE	2.1 TITLE	PD	X Change	Addition						
NAME	SWEENEY, RAYMOND		2.2 NAME	SWEENEY, RAYMOND W.								
STREET ADDRESS	6500 MARINER SANDS DR		2.3 STREET ADDRESS	6407 CONGRESSIONAL LANE		[
CITY-ST-ZIP	STUART, FL 00000		2.4 CITY-ST-ZIP	STUART, FL 34997								
TITLE	Ť	☐ DELETE	3 1 TITLE	D	XI Change	Addition						
NAME	CLIFFORD, WILLIAM		3.2 NAME			j						
STREET ADDRESS	6500 MARINER SANDS DR		3.3 STREET ADDRESS	5602 FOXCROSS PLACE								
CITY-S1-ZIP	STUART, FL 00000		3.4. CITY-ST-ZIP	STUART, FL 34997								
TITLE	VP	X DELETE	4.1 TITLE	TD	Change	X Addition						
NAME	FISHER, ROBERT		4. 2 NAME	RAUTIO, ARTHUR A.		j						
STREET ADDRESS	6500 MARINER SANDS DR.		4.3 STREET ADDRESS	5711 WINGED FOOT DRIVE								
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	STUART, FL 34997								
TITLE	D	XI DELETE	5.1 TITLE	D	Change	X Addition						
NAME	RHODES, SHEILA		5.2 NAME	BISSELL, HARRY								
STREET ADDRESS	6500 MARINER SANDS DR.		5.3 STREET ADDRESS	5122 BRANDYWINE WAY								
CITY - ST - ZIP	STUART FL		5.4 CITY-ST-ZIP	STUART, FL 34997								
TITLE	D	DELETE	6.1 TITLE	SD	☐ Change	X Addition						
NAME	RIDGWAY, RICHARD		6.2 NAME	STADLER, DONALD A.								
STREET ADDRESS	6500 MARINER SANDS DR.		6.3 STREET ADDRESS	6864 SE PACIFIC DRIVE								
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	STUART, FL. 34997								

14. Thereby 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 of 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 challend, or or an attachment with an address

*see attached for addt'l directors

SIGNATURE:

561-283-1114