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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743840

1. Corporation Name

MARINER SANDS PROPERTY OWNERS ASSOCIATION, INC.

* 1 2 4 0 9 0 * 124090 - 90008 - 22

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2147192 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHOCK, FREDERICK F
6500 MARINER SANDS DRIVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FYLER, ANSON		1.2 NAME		
STREET ADDRESS	6461 WINGED FOOT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000 34997		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SWEENEY, RAYMOND W		2.2 NAME	BRUYETTE, GENE	
STREET ADDRESS	6407 CONGRESSIONAL LN		2.3 STREET ADDRESS	5111 BRANDYWINE WAY	
CITY-ST-ZIP	STUART, FL 00000 34997		2.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	CLIFFORD, WILLIAM		3.2 NAME		
STREET ADDRESS	5602 FOXCROSS PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000 34997		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RAUTION, ARTHUR A		4.2 NAME	ESKRA, DAVID	
STREET ADDRESS	5711 WINGED FOOT DR		4.3 STREET ADDRESS	6245 SE BALTUSROL TERRACE	
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BISSELL, HARRY		5.2 NAME	JACOBSON, ALLAN	
STREET ADDRESS	5122 BRANDYWINE WAY		5.3 STREET ADDRESS	5391 BURNING TREE CIRCLE	
CITY-ST-ZIP	STUART FL 34997		5.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE	SD	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	STADLER, DONALD A		6.2 NAME	VOLKWEIN, BETTY	
STREET ADDRESS	6864 SE PACIFIC DR		6.3 STREET ADDRESS	6640 WINGED FOOT DRIVE	
CITY-ST-ZIP	STUART FL 34997		6.4 CITY-ST-ZIP	STUART, FL 34997	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/27/99 561-221-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #