2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 748399

Entity Name: MARINER'S BAY OF ORMOND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2850 OCEANSHORE BLVD
13
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

2850 OCEANSHORE BLVD
13
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2312233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOENIG, MARLERY
2850 OCEAN SHORE BLVD. #2
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	KOENIG, MARGARY	
Address:	2850 OCEAN SHORE BLVD #2	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	T	( ) Delete
Name:	FOOT, DARIAN	
Address:	2850 OCEAN SHORE BLVD #12	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	D	( ) Delete
Name:	JEHOLL, TOM	
Address:	1602 KEMMER RD	
City-St-Zip:	SUMMERVILLE, PA 15864	
Title:	VP	( ) Delete
Name:	KUMP, ERWIN	
Address:	1018 HAMPSTEAD LANE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	P	( ) Delete
Name:	LEONARDO, FRANK	
Address:	2850 OCEAN SHORE BLVD.	
City-St-Zip:	ORMOND BEACH, FL 32176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SCHOLL, TOM	
Address:	1602 KEMMER RD	
City-St-Zip:	SUMMERVILLE, PA 15864	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	LEONARDO, FRANK	
Address:	2850 OCEAN SHORE BLVD. #8	
City-St-Zip:	ORMOND BEACH, FL 32176	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK LEONARDO PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date