


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90024 011 \*\*\*\*70.00

<b>DOCUMENT # 751997</b> 1. Entity Name <b>MARINER'S BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12000 NORTH BAYSHORE DRIVE NORTH MIAMI, FL 33181</b>			Mailing Address <b>12000 NORTH BAYSHORE DRIVE NORTH MIAMI, FL 33181</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2141191</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 MIAMI, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KENZER, PAULA</b> <input checked="" type="checkbox"/> Delete <b>12000 N. BAYSHORE DRIVE</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>Sokolow, Arlene</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>12000 N. Bayshore Drive #309</b> <b>N. Miami FL 33181</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR <b>REYCRAFT, GEORGE</b> <input type="checkbox"/> Delete <b>12000 N. BAYSHORE DRIVE #111</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>Shechtel, Stephen</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>12000 N. Bayshore Drive #302</b> <b>N. Miami FL 33181</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KLUCK, CHARLES</b> <input type="checkbox"/> Delete <b>12000 N. BAYSHORE DRIVE #403</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>POBIAS, DAVID # 202</b> <input type="checkbox"/> Delete <b>12000 N BAYSHORE DRIVE</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAENNER, FRANZ <input type="checkbox"/> Delete <b>12000 N BAYSHORE DR # 102</b> <b>N. MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SOUTHWOOD, JEAN</b> <input type="checkbox"/> Delete <b>12000 N. BAYSHORE DRIVE #304</b> <b>MIAMI, FL 33181</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>1/30/08</b> <b>305-895-1582</b> <small>Typed or printed name of signing officer or director Date Daytime Phone #</small>					