FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

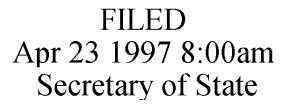
DOCUMENT # L46674

(2)

MARINER VILLAGE ON LEMON BAY, INC.

Principal Place of Business

Mailing Address





3579 SOUTH ACCESS ROAD, SUITE L ENGLEWOOD FL 34224			3579 SOUTH ACCESS ROAD, SUITE L ENGLEWOOD FL 34224-7790				
					3. Date incorporated or Qualified 01/31/1990	3a. Date of Las	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	26		59-2995509		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	City & State		·	6. Election Campaign Financing	\$5.0	OO May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Zip Country		B. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re-	gistered Agent	
DIGN	(AM, THOMAS M.		81	Name			
1201		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
ENG	LEWOOD FL 34223		83				
			84	City		FL 85 2	ip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stamfamiliar with, and accept the obt	ite of Horida. Such change was au	ithorized b	vithe corpore	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changin	g its registered as registered
SIGNATURE							
	Signature, typed or ponted name of registered			ent signature requ	ired whon roinstaling)	DATE	050 0110
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
TITLE	DV	DELETE	1.1 TITLE			Chan	ås ["] yonnon
NAME	COLLOM, PAUL		1.2 NAME				
STREET ADDRESS	3320 BOURBON ST.		13 STREET	}			
CITY-ST-ZIP	ENGLEWOOD FL	DELETE	14 CITY-5	31 - 7IP		Chan	ge Addition
TITLE	, . .	U DECE IE	21 TITLE			ш ыап	ge
NAME	DIGNAM, THOMAS M.		2.2 NAME				
STREET ADDRESS	1151 LARCHMONT DR. ENGELWOOD FL		2.3 STREE				
CITY-ST-ZIP		DELETE	2. 4 CITY- \$1 - ZIP 3.1 TITLE			Chan	ge Addition
TITLE	S Newell, Darryl	C) percie				спан	fic T Vagition
NAME	9272 LUCIAN AVENUE		3.2 NAME				
STREET ADDRESS	ENGLEWOOD FL		3.3 STREE				
CITY-ST-ZIP	ENGLEWOOD FL	DELETE	3.4 CITY-	ST-7IP		Chan	ge Addition
TITLE		[1] otreit	4.1 TOLE				go [_] Audidoli
NAME			4. 2 NAME	1000000			
STREET ADDRESS				ADORESS			
CITY-ST-ZIP		DELETE	4.4 C(TY - 1	SI-ZIP		Chan	ge Addition
TITLE		☐ DELETE	5.1 TITLE			L.J VIIde	80 CT Manifold
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE				
CITY-\$T-ZIP		DELETE	5.4 CRY-	51 - 7IP		Char	ge Addition
TITLE		ן טגננונ	61 TITLE			☐ ∩uar	Ae FT Waaman
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			64 CITY-	ST - ZIP			

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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1 ent with an address