

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90013 028 \*\*\*\*61.25

**DOCUMENT # N00000001056**

1. Entity Name  
MARINERS COVE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business  
WELLINGTON MANAGEMENT  
3461-B FAIRLANE FARMS RD.  
WELLINGTON, FL 33414

Mailing Address  
WELLINGTON MANAGEMENT  
3461-B FAIRLANE FARMS RD.  
WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-1068442

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NEWSOME, JOHN  
WELLINGTON MANAGEMENT  
3461-B FAIRLANE FARMS RD.  
WELLINGTON, FL 33414

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROHR, BILL  
STREET ADDRESS 11455 NAUTICA COURT  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE V  
NAME WESTWOOD, MARY ANN  
STREET ADDRESS 11213 MARITIME CT.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE TSD  
NAME BERMAN, BRIAN  
STREET ADDRESS 11400 NAUTICA CT.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Mary Ann Westwood

1/23/08