3-24-95 C-BB-7598

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:19

DOCUMENT # N03630 (3)

1. Corporation Name

MARINER'S LIGHT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16332 GULF BLVD. REDINGTON BEACH FL 33708 US	C/O RESOURCE PROPERTY MANAGEMENT ~~1601 E. BAY DR. STE. 4~~ ~~LARGO FL 34641~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2646837 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 103 Cleveland Ave S.W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LARGO FL
Zip 24 / Country 25	Zip 29 34640 / Country 30 USA

9. Name and Address of Current Registered Agent

ROBERT REINHARDT, RESOURCE PROPERTY MGMT
~~1601 E. BAY DRIVE, STE. 4~~
~~1017 TYRONE BLVD.~~
~~LARGO FL 34641~~

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 103 Cleveland Ave. S.W.
03
04 City: LARGO FL 05 Zip Code: 34640

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert Reinhardt VAM — DATE: 3/6/95
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	M	1.1 TITLE	Treasurer/D	☑ Change ☑ Addition
NAME	~~ESPOSITO, FRANK~~	1.2 NAME	Claude Simmonds	
STREET ADDRESS	~~16332 GULF BLVD. UNIT A3~~	1.3 STREET ADDRESS	16332 Gulf Blvd # A4	
CITY-ST-ZIP	~~REDINGTON BEACH FL~~	1.4 CITY-ST-ZIP	Redington Beach FL 33708	
TITLE	PD	2.1 TITLE	Vice President/Director	☐ Change ☑ Addition
NAME	LAWSON, DANIEL	2.2 NAME	Pamela Urban	
STREET ADDRESS	16332 GULF BVD UNIT 4C	2.3 STREET ADDRESS	16332 Gulf Blvd # 01	
CITY-ST-ZIP	REDINGTON BCH FL	2.4 CITY-ST-ZIP	Redington Bch FL 33708	
TITLE	VP	3.1 TITLE	President/Director	☑ Change ☐ Addition
NAME	SHEPPARD, CHARLES	3.2 NAME		
STREET ADDRESS	16332 GULF BLVD UNIT 2A	3.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON BCH FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	Director	☑ Change ☐ Addition
NAME	ILER, JANIS	4.2 NAME		
STREET ADDRESS	5021 LONGFELLOW AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Secretary/Director	☑ Change ☐ Addition
NAME	PEARSON, ALYNE	5.2 NAME		
STREET ADDRESS	16332 GULF BLVD UNITE 8Y	5.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Charles C Shepherd — DATE: 2-8-95 — Daytime Phone #: 813-391-6699
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Charles C Shepherd