

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03630 (3)

1. Corporation Name

MARINER'S LIGHT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13030 GULF BLVD  
MADEIRA BEACH FL 33708  
US13030 GULF BLVD  
MADEIRA BEACH FL 33708-2639  
US3. Date Incorporated or Qualified  
06/13/19843a. Date of Last Report  
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 16332 Gulf Blvd.

26 10825 Seminole Blvd #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Redington Shore, FL27 City & State  
28 LARGO, FL

24 33708 25 Pinellas

29 33778 30 Pinellas

4. FEI Number  
59-2646837Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, DORREN L.  
TOTAL REALTY SERVICES  
13030 GULF BLVD  
MADEIRA BEACH FL 3370881 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
THOMAS W. KAPPER  
90 SHADOW LAKES Mgmt.  
10825 SEMINOLE BLVD. #1  
LARGO FL 33778

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	URBAN, PAMELA	
STREET ADDRESS	16332 GULF BLVD #1B	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESPOSITO, FRANK	
STREET ADDRESS	16332 GULF BVD UNIT 4C	
CITY-ST-ZIP	REDINGTON BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEPPARD, CHARLES	
STREET ADDRESS	16332 GULF BLVD UNIT 2A	
CITY-ST-ZIP	REDINGTON BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ILER, JANIS	
STREET ADDRESS	4604 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, WAYNE	
STREET ADDRESS	P.O. BOX 11	
CITY-ST-ZIP	ENGLEHART ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	URBAN, Pamela	
1.3 STREET ADDRESS	16332 GULF BLVD. #1B	
1.4 CITY-ST-ZIP	REDINGTON Beach, FL 33708	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEARSON, ALYNE	
2.3 STREET ADDRESS	16332 GULF BLVD. #4B	
2.4 CITY-ST-ZIP	REDINGTON Beach, FL 33708	
3.1 TITLE	DT/5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHEPHERD, CHARLES	
3.3 STREET ADDRESS	16332 GULF BLVD. #2A	
3.4 CITY-ST-ZIP	Redington Beach, FL 33708	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEIB, MOSHE	
4.3 STREET ADDRESS	7441 114TH AVE. N. #604	
4.4 CITY-ST-ZIP	LARGO, FL 33773	
5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MITCHELL, WAYNE	
5.3 STREET ADDRESS	P.O. BOX 11	
5.4 CITY-ST-ZIP	ENGLEHART, Ont. Canada P0T 1H0	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 3-2897813-397-1192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050460

CR2E037 (9/96)