


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 16332 GULF BLVD. REDINGTON BEACH FL 33708 US	Mailing Address 10825 SEMINOLE BLVD. #1 LARGO FL 33778 US
--	---

3. Date Incorporated or Qualified 06/13/1984	
4. FEI Number 59-2646837	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPPER, THOMAS W.
C/O KAPPER, THOMAS W.
10825 SEMINOLE BLVD #1
33778 FL 33708**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	URBAN, PAMELA	
STREET ADDRESS	16332 GULF BLVD #1B	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSON, ALYNE	
STREET ADDRESS	16332 GULF BLVD #4B	
CITY-ST-ZIP	REDINGTON BCH FL	
TITLE	OTS	<input type="checkbox"/> DELETE
NAME	SHEPPARD, CHARLES	
STREET ADDRESS	16332 GULF BLVD UNIT 2A	
CITY-ST-ZIP	REDINGTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEIB, MOSHE	
STREET ADDRESS	7441 114TH AVE N., #604	
CITY-ST-ZIP	LARGO FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, WAYNE	
STREET ADDRESS	PO BOX 11 N/A	
CITY-ST-ZIP	ENGLEHART ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ESPOSITO, FRANK	
1.3 STREET ADDRESS	16332 GULF BLVD. #3A	
1.4 CITY-ST-ZIP	REDINGTON Beach, FL 33708	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEARSON, Alynne	
2.3 STREET ADDRESS	16332 GULF BLVD. #4B	
2.4 CITY-ST-ZIP	REDINGTON Beach, FL 33708	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHEPHERD, CHARLES	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEIB, MOSHE	
4.3 STREET ADDRESS	16332 GULF BLVD. #3B	
4.4 CITY-ST-ZIP	REDINGTON Beach, FL 33708	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ECO.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SCHALLER, BILL	
6.3 STREET ADDRESS	16332 GULF BLVD. #1B	
6.4 CITY-ST-ZIP	REDINGTON Beach, FL 33708	

14. I 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* **Charles C Shepherd** 4-10-98 813-391-6079

CR2E037 (10/97)