

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90187 009 ****61.25

DOCUMENT # N03630

1. Entity Name

MARINER'S LIGHT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16332 GULF BREEZE BLVD.
REDINGTON BEACH FL 33708
US

Mailing Address

10825 SEMINOLE BLVD.
#1
LARGO FL 33778
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2646837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, ALYNE	
STREET ADDRESS	16332 GULF BLVD #4B	
CITY-ST-ZIP	REDINGTON BCH FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOLL, WILLIAM	
STREET ADDRESS	16332 GULF BLVD., #1A	
CITY-ST-ZIP	REDINGTON BCH FL 33708	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEHNERZ, JAMES	
STREET ADDRESS	16332 GULF BLVD., #3A	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BURY, RICHARD	
STREET ADDRESS	16332 GULF BLVD., #1B	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	PESCE, SHERRIE	
STREET ADDRESS	16332 GULF BLVD., #3B	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRETT, SUSAN	
STREET ADDRESS	16332 GULF BLVD. #2A	
CITY-ST-ZIP	Redington Beach, FL 33708	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Recalde, Holly	
STREET ADDRESS	16332 GULF BLVD. #2B	
CITY-ST-ZIP	Redington Beach, FL 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldfarb, Gregory	
STREET ADDRESS	4637 N. 25th Ave.	
CITY-ST-ZIP	Schiller PARK, IL 60176	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bury, Richard	
STREET ADDRESS	16332 GULF BLVD. #1B	
CITY-ST-ZIP	Redington Beach, FL 33708	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Wislow	
STREET ADDRESS	200 S Prospect	
CITY-ST-ZIP	PARK Ridge, IL 60068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 #

CR2E037 (9/01)