

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90280 009 \*\*\*\*61.25

**DOCUMENT # N03630**

1. Entity Name  
**MARINER'S LIGHT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**16332 GULF BLVD.  
REDINGTON BEACH, FL 33708 US**

Mailing Address  
**1880 BELLEAIR ROAD  
CLEARWATER, FL 33764 US**

2. Principal Place of Business

3. Mailing Address

**16332 GULF BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2-B**

City & State

City & State

**Redington Beach FL**

Zip

Country

Zip

Country

**33708**

01142006

Chg-NP

CR2E037 (11/05)

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

**KMET, KENNETH A  
C/O THE ASSOCIATION ADVISOR, INC.  
1880 BELLEAIR ROAD  
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name

**HOLLY RECALDE**

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

**16332 GULF BLVD 2-B**

City

**Redington Beach**

**FL**

Zip Code

**33708**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **STEINBACH, KEN**  
STREET ADDRESS **2516 FLAGG MEADOW CT**  
CITY-ST-ZIP **FINKSBURG, MD 21048**

TITLE **P** ☐ Delete  
NAME **RECALDE, HOLLY**  
STREET ADDRESS **16332 GULF BLVD #2B**  
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE **TS** ☐ Delete  
NAME **LEHNERZ, JI,**  
STREET ADDRESS **6481 W. ARKANSAS AVE**  
CITY-ST-ZIP **DENVER, CO 80232**

TITLE **D** ☒ Delete  
NAME **BURY, RICHARD**  
STREET ADDRESS **16332 GULF BLVD #1B**  
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE **B** ☐ Delete  
NAME **WISLOW, ALEX**  
STREET ADDRESS **200 S PROSPECT**  
CITY-ST-ZIP **PARK RIDGE, IL 60068**

TITLE **DVP** ☒ Delete  
NAME **WILSON, ALEX**  
STREET ADDRESS **2005 PROSPECT**  
CITY-ST-ZIP **PARK RIDGE, IL 60068**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **HOLLY, William AL** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Sec.** ☐ Change ☒ Addition  
NAME **NOLL, William**  
STREET ADDRESS **45 S. Royal Oaks Drive**  
CITY-ST-ZIP **BRISTOL IL 60512**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **Wislow, Alex**  
STREET ADDRESS **200 S. Prospect**  
CITY-ST-ZIP **PARK RIDGE IL 60068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/7/06 (727) 586 6400**