

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90058 035 ****61.25

DOCUMENT # N05000009985

1. Entity Name
**MARINER'S COVE AT RIVERBEND CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**76 PONDELLA ROAD, STE 201
N. FT MYERS, FL 33903**

Mailing Address

**76 PONDELLA ROAD, STE 201
N. FT MYERS, FL 33903**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132007

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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

**RICHARD LAPOSTA,
GULF SHORES C.A.M., INC.
76 PONDELLA ROAD, STE 201
N. FT MYERS, FL 33903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NICCOLUCCI, ROY
3800 STEELES AVE WEST STE 400
WOODBIDGE ONTARIO CANADA, L4L 4G9 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KERREY HOOLIHAN
6121 RIVERSHORE COURT
N. FORT MYERS, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PALOMBO, FAUSTO
3800 STEELES AVE WEST STE 400
WOODBIDGE ONTARIO CANADA, L4L 4G9 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
TATONE, EDDIE
3800 STEELES AVE WEST STE 400
WOODBIDGE ONTARIO CANADA, L4L 4G9 ☐ Delete

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

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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:

ROY NICCOLUCCI

04-18-07 239-997-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #