

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90155 039 ****61.25

DOCUMENT # N05000009985					
1. Entity Name MARINER'S COVE AT RIVERBEND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 76 PONDELLA ROAD STE 201 NORTH FORT MYERS, FL 33903			Mailing Address 76 PONDELLA ROAD STE 201 NORTH FORT 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	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GULF SHORES C.A.M., INC 76 PONDELLA ROAD STE 201 NORTH FORT MYERS, FL 33903			Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$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 WOODBRIDGE ONTARIO CANADA, L4L 4G9		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRY, JOSEPH DP 15256 RIVERBEND BLVD 205B N.F.T. MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOLIHAN, KERRY 6121 RIVERSHORE COURT NORTH FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T GEORGE BLAKE 15256 RIVERBEND BLVD 103B N.F.T. MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TATONE, EDDIE 3800 STEELES AVE WEST STE 400 WOODBRIDGE ONTARIO CANADA, L4L 4G9		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Kerry Hoolihan</i>			Date: <i>04/28/08</i> Daytime Phone #: <i>239-997-8114</i>		