2308 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009985

1. Entity Name



FILED

May 02, 2008 8:00 am Secretary of State

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

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 NORTH FORT MYERS, FL					- UNIVER III EDI	 			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	ailing Address .						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292008 C	hg-NP	CR2E03	7 (12/06)	
City & State C		City & State	City & State		4. FEI Number NOT APPL	ICABLE			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered A	gent	
OU 5 OU	Name								
76 PONDE	DRES C.A.M.,INC ELLA ROAD STE 201 ORT MYERS, FL 33903		Street A	ddress (F	P.O. Box Number is	Not Acceptable	e)		
	0111 M1210, 12 00000								
			City				FL	Zip Code	
	named entity submits this statement for	r the purpose of changing its	registered office or	r registere	ed agent, or both, in	n the State of Flo	orida. I am f	amiliar with,	and accept
	dons of registered agent.	•							
SIGNATURE .	,								
Sidily Tone	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signat	ure required	when reinstating)		DATE		
- Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Find Contribution Trust Fund Contribution					\$5.00 May Be Added to Fees	Flo	lake check ida Depart	payable to	ate
10. OFFICERS AND DIRECTORS			11.	Α	DDITIONS/CHANG	SES TO OFFICE	RS AND DIF	RECTORS IN	
TITLE	DP	☐ Delete	TITLE	,	er, Jos		DP	☐ Change	Addition
NAME	NICCOLUCCI, ROY		NAME	15	256 RIVE	ersend	BL	0 200	5-8
STREET ADDRESS				1	ET. MYER				
CITY-ST-ZIP	WOODBRIDGE ONTARIO CANA		CITY-ST-ZIP	L		*, '			No.
TITLE NAME	D HOOLIHAN, KERRY	☐ Delete	TITLE NAME	VPI.	prese B	- السام		☐ Change	Addition
STREET ADDRESS	6121 RIVERSHORE COURT		STREET ADDRESS	150	56 Pire	2350	BLUD	103	8
CITY-ST-ZIP	NORTH FORT MYERS, FL 339	17	CITY-ST-ZIP		T. MYE			,	
TITLE.	.DV	▼ Delete	TITLE		•			☐ Change	Addition
NAME	TATONE, EDDIE	. 400	NAME						
STREET ADDRESS CITY-ST-ZIP	3800 STEELES AVE WEST STE WOODBRIDGE ONTARIO CANA		STREET ADDRESS CITY-ST-ZIP						
TITLE	TVOODDINDOL ON IVANO OVIN	☐ Delete	TITLE					Change	☐ Addition
NAME ~	·	L Desete	NAME	,					
STREET ADDRESS			street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			name Street address						
CITY-ST-ZIP	le :		CITY-ST-ZIP						
TITLE		☐ Defete	TITLE	<u> </u>			• •	Change	Addition
NAME	- A		NAME				-		-
STREET ADDRESS	•	V	STREET ADDRESS		•		- `.,		•
CITY-ST-ZIP	1		CITY-ST-ZIP	}					
	certify that the information supplied with						1 11	of all only	

Interest certify that the information supplied with this tiling 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: SECULTATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 239-997-8114