

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008138

FILED
Apr 03, 2009
Secretary of State

Entity Name: MARINER'S WAY PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

601 B SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

105 MARINER HEALTH WAY
201
ST. AUGUSTINE, FL 32086

Current Mailing Address:

601 B SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

P O BOX 70
ST. AUGUSTINE, FL 32085

FEI Number: 26-3468170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, PAUL
601 B SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

THOMPSON, PAUL
105 MARINER HEALTH WAY
201
ST. AUGUSTINE, FL 32086 US

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:

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, PAUL
Address: 601 B SOUTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VPD () Delete
Name: THOMPSON, PIERRE
Address: 601 B SOUTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DST () Delete
Name: THOMPSON, SHIRLEY
Address: 601 B SOUTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, PAUL
Address: 105 MARINER HEALTH WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD (X) Change () Addition
Name: THOMPSON, PIERRE
Address: 105 MARINER HEALTH WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DST (X) Change () Addition
Name: THOMPSON, SHIRLEY
Address: 105 MARINER HEALTH WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. THOMPSON

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date