


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N08641	
1. Entity Name MARINER SQUARE OFFICE CONDOMINIUM, INC.	

Principal Place of Business C/O CHRIS MARLETTE 96 WILLARD ST, 102 COCOA, FL 32922 US	Mailing Address C/O CHRIS MARLETTE 96 WILLARD ST, #102 COCOA, FL 32922 US
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2524230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARLETTE, CHRISTOPHER E 96 WILLARD ST, #102 COCOA, FL 32922
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AMARI, RICHARD S 96 WILLARD STREET, #302 COCOA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MARLETTE, CHRISTOPHER E 96 WILLARD STREET, #102 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD AMARI, RICHARD S. 96 WILLARD STREET, #100 COCOA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/05-80004-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER E. MARLETTE PTD 1/12/05 321-6341492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #