

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09907

FILED
Apr 22, 2008
Secretary of State

Entity Name: MARINER'S WAY ASSOCIATION, INC.

Current Principal Place of Business:

2200 N. FEDERAL HWY
212
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

PALM BEACH PROPERTY MGT
2200 N. FEDERAL HWY #212
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 15-0305049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 N FEDERAL HWY
STE 212
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: HEMINGWAY, ROBIN
Address: 610 MARINERS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T D () Delete
Name: BLISS, CAROLINE
Address: 712 MARINERS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: DOLAN, M P
Address: 704 MARINERS WAY
City-St-Zip: BOYTON BEACH, FL 33435

Title: D () Delete
Name: WOODARD, BRENDA
Address: 634 MARINERS WAY
City-St-Zip: BOYTON BEACH, FL 33435

Title: D () Delete
Name: THERESA, NARDUCCI
Address: 658 MARINERS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEMINGWAY, DAVID
Address: 610 MARINERS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD (X) Change () Addition
Name: FLECK, STEVE
Address: 2200 N. FEDERAL HWY. #212
City-St-Zip: BOCA RATON,, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE FLECK

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date