

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 *B-21-96*

DIVISION OF CORPORATIONS *C*

DOCUMENT # **N10630 (4)**

1. Corporation Name

MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
12660 NW HARBOUR RIDGE BLVD P O BOX 2451 PALM CITY FL 34990 US	12600 NW HARBOUR RIDGE BLVD P O BOX 2451 PALM CITY FL 34990 US

3. Date Incorporated or Qualified 08/09/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2573498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc. Delete PO Box 2451	Suite, Apt. #, etc. Delete PO Box 2451
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
26. Zip	29. Country
27. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NEARY, MICHAEL E 12600 NW HARBOUR RIDGE BLVD PALM CITY FL 34990		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JUNE	1.2 NAME	
STREET ADDRESS	12773 MARINER CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	DTs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIGER, JOHN C	2.2 NAME	CHAPMAN, Charles J.
STREET ADDRESS	12798 MARINER ST	2.3 STREET ADDRESS	12780 Mariner Court
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, LOUE	3.2 NAME	SILVER, Robert L.
STREET ADDRESS	12770 MARINER ST	3.3 STREET ADDRESS	12787 Mariner Court
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMERS, CHARLES T.	4.2 NAME	APPLEBY, Richard E.
STREET ADDRESS	12798 CINNAMON WAY	4.3 STREET ADDRESS	12791 Cinnamon Way
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGLE, JAMES W	5.2 NAME	CAGLE, J. Wayne
STREET ADDRESS	12795 CINNAMON WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/12/96** DAYTIME PHONE #: **336-0209**

CR2E037 (12/95)