

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10630 (4)**

1. Corporation Name  
**MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>12660 NW HARBOUR RIDGE BLVD PALM CITY FL 34990 US</b>	Mailing Address <b>12600 NW HARBOUR RIDGE BLVD PALM CITY FL 34990 US</b>
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3. Date Incorporated or Qualified <b>08/09/1985</b>		
4. FEI Number <b>59-2573498</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**NEARY, MICHAEL E  
12600 NW HARBOUR RIDGE BLVD  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, JUNE	
STREET ADDRESS	12773 MARINER CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	CHAPMNA, CHARLES J.	
STREET ADDRESS	12780 MARINER COURT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, ROBERT L.	
STREET ADDRESS	12787 MARINER COURT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APPLEBY, RICHARD E.	
STREET ADDRESS	12791 CINNAMON WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD CHAPMAN
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russ, Dorothea
3.3 STREET ADDRESS	12794 Cinnamon Way
3.4 CITY-ST-ZIP	Palm City FL 34990
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cunningham, Charles
5.3 STREET ADDRESS	12788 Mariner Court
5.4 CITY-ST-ZIP	Palm City FL 34990
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Crandall, Emily
6.3 STREET ADDRESS	12782 Mariner Ct.
6.4 CITY-ST-ZIP	Palm City FL 34990

14. 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 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: *Charles J. Chapman* 2/18/98 561-336-7761

CR2E037 (10/97)