


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90178 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10630
1. Corporation Name
MARINER VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12660 NW HARBOUR RIDGE BLVD PALM CITY FL 34990 US	Mailing Address 12600 NW HARBOUR RIDGE BLVD PALM CITY FL 34990 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/09/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2573498
City & State 23	City & State 28	Applied For - Not Applicable
Zip 24	Country 25	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

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 FL
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUNNINGHAM, CHARLES		1.2 NAME	
STREET ADDRESS 12788 MARINER COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL 34990		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPMAN, CHARLES J		2.2 NAME	
STREET ADDRESS 12780 MARINER COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUSS, DOROTHEA		3.2 NAME Whittaker, William D.	
STREET ADDRESS 12794 CINNAMON WAY		3.3 STREET ADDRESS 12783 Mariner Court	
CITY-ST-ZIP PALM CITY FL 34990		3.4 CITY-ST-ZIP Palm City FL 34990	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME APPLEBY, RICHARD E.		4.2 NAME	
STREET ADDRESS 12791 CINNAMON WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRANDALL, EMILY		5.2 NAME	
STREET ADDRESS 12782 MARINER CT		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL 34990		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 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, with all other like empowered.

SIGNATURE: Charles J Chapman **REQUIRED 2/5/99** Date: _____ Daytime Phone #: **561-336-7761**

CR2E037 (1/198)