

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15418

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** MARINER POINT COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5054 MARINER POINT DR.  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

11731 SEAWARD COURT  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

5054 MARINER POINT DR.  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

11731 SEAWARD COURT  
JACKSONVILLE, FL 32225 US

**FEI Number:** 59-2642966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, AMIDON E  
5054 MARINER POINT DRIVE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

KOKKINOS, IRENE M  
11731 SEAWARD COURT  
JACKSONVILLE, FL 32225 US

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: IRENE KOKKI

04/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAW, SCOTT  
Address: 11737 WHITE BLUFF DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD  
Name: KURTZ, INDIA  
Address: 4941 MARINER POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S  
Name: TOWNSEND, BOBBY  
Address: 4832 CHARLES BENNETT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD  
Name: KOKKINOS, IRENE M  
Address: 11731 SEAWARD COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SOC  
Name: SCHNORR, VICKIE  
Address: 5051 MARINER POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MEM  
Name: KOFFARNUS, LINDSEY  
Address: 4845 WHITE BLUFF DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: IRENE KOKKINOS

TREA

04/12/2011

Electronic Signature of Signing Officer or Director

Date