

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90003 031 ****61.25

DOCUMENT # N20001 1. Entity Name MARINER'S WAY AT NEW PORT RICHEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5713 BISCAYNE COURT NEW PORT RICHEY, FL 34652			Mailing Address P.O. BOX 1217 PINELLAS PARK, FL 33780 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2793875	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEW IMAGE SPECIALTY SERVICE 5950 66TH TERRACE N PINELLAS PARK, FL 33780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANTINE, RUSS 5722 BISCAYNE CT., 208 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTHEWS, MARY 5712-101 BISCAYNE CT NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marilyn Davis 142 Kenmore Road BOONTON, NJ 07005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNIEWSKI, RICHARD 5727 BISCAYNE CT., 103 NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Vixale 5722 Biscayne CT. # 308 New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNN, CLINT 5722 BISCAYNE CT #108 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYNN, CLINT 5727 Biscayne CT. #108 New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINOME, DEBRA 5722 BISCAYNE CT. NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tom Black 5712 Biscayne CT. #203 New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>Russ Vantine</u> Russ Vantine President 1/25/08 (727) 540-0788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					