

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20001

FILED
Apr 20, 2009
Secretary of State

Entity Name: MARINER'S WAY AT NEW PORT RICHEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5713 BISCAYNE COURT
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1217
PINELLAS PARK, FL 33780 US

New Mailing Address:

FEI Number: 59-2793875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEW IMAGE SPECIALTY SERVICE
5950 66TH TERRACE N
PINELLAS PARK, FL 33780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VANTINE, RUSS
Address: 5722 BISCAYNE CT., 208
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: DAVIS, MARILYN
Address: 142 KENMORE ROAD
City-St-Zip: BOONTON, NJ 07005

Title: D () Delete
Name: VICALI, JAMES
Address: 5722 BISCAYNE T. #308
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: WYNN, CLINT
Address: 5277 BISCAYNE CT. #108
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: BLACK, TOM
Address: 5712 BISCAYNE CT. #203
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VAN TINE, RUSS
Address: 5722 BISCAYNE CT., 208
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEBSTER, J.D.
Address: 5722 BISCAYNE T. #309
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUSS VAN TINE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date