## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Mar 12, 2007 8:00 am

DOCUMENT # N20278  I STIDITY AND MARKINER'S COVE PROPERTY OWNERS ASSOCIATION,  MARKINER'S COVE PROPERTY OWNERS ASSOCIATION,  Procipal Place of Business  Assirt Address PASK WEST DR  SUFET 178.  WEST PALM BEACH, FL 33410  22. Principal Place of Business - No P.O. Box # 2. Mailing Address - Suffer 178.  Suile, Apt. #, etc.		ANNUAL	_ So	Secretary of State				
2.2400 CENTRE PARK WEST DR SURE, APL #, 910.  2. Principal Phace of Business - No P.O. Bok # 3. Making Address  Sure, Apt. #, etc.  Sure, Apt. #, etc.  City & State  City	1. Entity Name MARINER	<b>a</b>	NERS ASSOCIATIO	N, .		•		
Suite, Apt. #, etc.  City & State  City & State Desired  Street Address of New Registered Agent  Nome  Street Address of New Registered Agent  City & FL  Zip Code  City &	2389 TREASU	IRE ISLE DR.	2400 CENTRE PARK WI Suite 175	DO CENTRE PARK WEST DR Te 175				
City & State  City & State Desired  Street Address of New Registered Agent  To Name and Address of New Registered Agent  City FL  Zip Code  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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SiGNATURE  Signatur	Principal Place of Business - No P.O. Box #     3. Maili		3. Mailing Address	ling Address		88110 11811 1886 1816 81817 81817 81817 81817 81817 81817 8		
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required  6. Name and Address of Curren Registered Agent 7. Name and Address of New Registered Agent Fee Required  8. Typhony Country Status Desired S8.75 Additional Fee Required  8. Typhony Country Status Desired See Required  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. PL 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. PL 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. Plant 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. Plant 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. Plant 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  8. The above floridary submits the statement for the purpose of changing financing.  9. Election Campaign F	Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E037 (12/06)	)	
Size   Country   Zip   Country   Size   Country   Size	City & State C		City & State	City & State		13 <del>   </del>		
ST JOHN. CORE, FIORE & LEMME PA 500 AUSTRALIAN AVE SOUTH SUITE 600 WEST PALM BEACH, FL 33401  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  FIlling Foe is \$61.25 Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE HOMPSON, MONTAM 2320 TREASURE ISLE DR SUITE A-71 PALM BCH GONS, FL 33410  TITLE INME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410  TITLE SD ALE SIREET ADDRESS SIREET	Zip	Country	Zip	Country		tatus Desired	dditional	
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SUITE 600 WEST PALM BEACH, FL 33401  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    Signature, highed or printed name of registered agent and tide it applicable   (NOTE Registered Agent signature required when reinstating)   DATE      Filling Foe is \$61.25	ST JOHN. CORE, FIORE & LEMME PA			Nam <b>e</b>	Name			
WEST PALM BEACH, FL 33401  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, level or printed name of required agent and life if applicable  Filling Foe is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution. DATE  Added to Fees  Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME THOMPSON, MIDITAM STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS, FL 33410  TITLE NAME GLAESNER, CRAIG GLAESNER, CRA		RALIAN AVE SOUTH		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
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ZIBELLI JOSEPH A- FY
JASOTREASURE LSEE DR. A- FY
PALM BEACH GAR DENS FL 33410 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 ampowered 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 all other like empowered.

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

PALM BEACH, FL 33410

MURRAY, MARGARET

PALM BEACH, FL 33410

2320 TREASURE ISLE DR SUITE A66

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1 (19107 (56) 436 - 2023 Date Phone .

PALM BEACH GARDENS, FL 33410