

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 023 ****61.25

DOCUMENT # N20278					
1. Entity Name MARINER'S COVE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2389 TREASURE ISLE DR. PALM BEACH, FL 33410			Mailing Address 2400 CENTRE PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01172007 Chg-NP CR2E037 (12/06)
6. Name and Address of Current Registered Agent ST JOHN. CORE, FIORE & LEMME PA 500 AUSTRALIAN AVE SOUTH SUITE 600 WEST PALM BEACH, FL 33401			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, 2007		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 PD	NAME WILLIAM THOMPSON, WIDIAM	<input type="checkbox"/> Delete	TITLE VPD	NAME AMANN, PETER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2320 TREASURE ISLE DR SUITE A-71	CITY-ST-ZIP PALM BCH GDNS, FL 33410		STREET ADDRESS 13332 MANGROVE ISLE DR.	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE TD	NAME GLAESNER, CRAIG	<input checked="" type="checkbox"/> Delete	TITLE D	NAME BYRUM, JEFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 19388 HANGROVE ISLE DR SUITE C04	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		STREET ADDRESS 2379 TREASURE ISLE DR. A-25	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE SD	NAME GALLAGHER, GERARD	<input type="checkbox"/> Delete	TITLE D	NAME DELDREDGE TIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2462 TREASURE ISLE DR SUITE B04	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		STREET ADDRESS 2462 TREASURE ISLE DR.	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE SD	NAME DIMCIO, DOMINIC	<input checked="" type="checkbox"/> Delete	TITLE D	NAME POLSON DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2319 TREASURE ISLE DR A-49	CITY-ST-ZIP WEST PALM BEACH, FL 33410		STREET ADDRESS 2379 TREASURE ISLE DR. A-24	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE D	NAME SUMMONTE, CHERYL	<input type="checkbox"/> Delete	TITLE D	NAME SUMMONTE CHERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13348 HANGROVE ISLE DR SUITE C09	CITY-ST-ZIP PALM BEACH, FL 33410		STREET ADDRESS 13348 MANGROVE ISLE	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE D	NAME MURRAY, MARGARET	<input type="checkbox"/> Delete	TITLE D	NAME ZIBELLI JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2320 TREASURE ISLE DR SUITE A66	CITY-ST-ZIP PALM BEACH, FL 33410		STREET ADDRESS 2320 TREASURE ISLE DR.	CITY-ST-ZIP PALM BEACH GARDENS, 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 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 all other like empowered.					
SIGNATURE:			1/19/07 (561) 436-2023		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		