

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90001 049 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N20278</b><br>1. Entity Name<br><b>MARINER'S COVE PROPERTY OWNERS ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>2389 TREASURE ISLE DR.<br/>PALM BEACH, FL 33410</b>  |  |   | Mailing Address<br><b>2400 CENTRE PARK WEST DR<br/>SUITE 175<br/>WEST PALM BEACH, FL 33409</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><br>Zip                      Country   |  | City & State<br><br>Zip                      Country  |   | 4. FEI Number<br><b>59-2840913</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ST JOHN. CORE, FIORE &amp; LEMME PA<br/>500 AUSTRALIAN AVE SOUTH<br/>SUITE 600<br/>WEST PALM BEACH, FL 33401</b>  |  |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>THOMPASON, WILLIAM<br>2320 TREASURE ISLE DR SUITE A-71<br>PALM BCH GDNS, FL 33410    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>Peter A. Mann<br>13732 Mangrove Isle Dr.<br>Palm Beach Gardens, FL 33410    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BYRUM, JEFF<br>2379 TREASURE ISLE DR. A-25<br>PALM BEACH GARDENS, FL 33410            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Joseph Zibell<br>2280 Treasure Isle Dr. A-84<br>Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GALLAGHER, GERARD<br>2462 TREASURE ISLE DR SUITE B04<br>PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RUTH STAEBLE<br>2180 TREASURE ISLE DR.<br>PALM BEACH GARDENS, FL 33410       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>POLSON, DAVID<br>2379 TREASURE ISLE DR. A-24<br>WEST PALM BEACH, FL 33410             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SUMMONTE, CHERYL<br>13348 HANGROVE ISLE DR SUITE C09<br>PALM BEACH, FL 33410         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>13348 Mangrove Isle Dr<br>Palm Beach Gardens, FL 33410                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MURRAY, MARGARET<br>2320 TREASURE ISLE DR SUITE A66<br>PALM BEACH, FL 33410           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>  |  |   | Date: <b>3/12/08</b> Daytime Phone #: <b>561-624-1099</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |   |   |  |

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