

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 036 ****61.25

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|--|--|---|--|--|--|
| DOCUMENT # N20887 1. Entity Name MARINER'S COVE MARINA OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2389 TREASURE ISLE DR PALM BEACH GARDENS, 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 | | Country | | 01172007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-2840913 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ST JOHN, CORE, FIORE & LEMME, PA 500 AUSTRALIAN AVE SOUTH WEST PALM BEACH, FL 33401 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | VP MURRAY, BRAD 2320 TREASURE ISLE DR SUITE A-66 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POLSON, DAVID 2379 TREASURE ISLE DR. A 24 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ELDRIDGE, TIM 2450 TREASURE ISLE DR. PALM BEACH GARDENS, FL 33410 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALFONSO, JAMES 2399 TREASURE ISLE DR. A60 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SORENSEN, NEIL 2299 TREASURE ISLE DR. SUITE A-63 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BYNUM, JEFF 2379 TREASURE ISLE DR. A25 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUEHMAN, LARRY 2320 TREASURE ISLE DR SUITE A-65 PALM BEACH GARDENS, FL 33410 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAMBUCO, FRANK 2419 TREASURE ISLE DR. A14 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GENNARELLI, CHARLIE 2378 TREASURE ISLE DR. PALM BEACH GARDENS, FL 33410 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D APICELLA, ARTHUR 2439 TREASURE ISLE DR. A1 PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> 1 18 07 561-659-2227 Date Daytime Phone # </div> | | | | | |