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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1. Entity Name

MARINER'S COVE MARINA OWNERS ASSOCIATION, INC.



INC.							
	e of Business URE ISLE DR I GARDENS, FL 33410	Mailing Address 2400 CENTRE PARK WI SUITE 175 WEST PALM BEACH, FL		400	ეყიυν		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01172007	Chg-NP CR2E037 (12/06)		
City & Stat	е	City & State		4. FEI Number 59-28409	49	lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of	\$8.75 Addit		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ST JOHN, CORE, FIORE & LEMME, PA		Name	Name				
500 AUSTRALIAN AVE SOUTH WEST PALM:BEACH, FL 33401		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
		City	City FL Zip Code				
8. The above the obligat	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 .	<u> </u>						
	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE	E: Registered Agent signature re	quired when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Sta	te '	
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund C	Contribution.	Added to Fees ADDITIONS/CHANG	Florida Department of Sta	Ö	
TITLE	OFFICERS AND DIR	Trust Fund C	Contribution.	Added to Fees ADDITIONS/CHANG	Florida Department of Sta	Ö	
TITLE NAME	OFFICERS AND DIR VP MURRAY, BRAD	Trust Fund C	Contribution.	Added to Fees ADDITIONS/CHANG	Florida Department of Sta	Ö	
TITLE	OFFICERS AND DIR	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS 2. CITY-S1-ZIP 7	Added to Fees ADDITIONS/CHANG	Florida Department of Sta GES TO OFFICERS AND DIRECTORS IN 1 DAVID Change SURE SLE DR. A 2	O Addition	
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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 trusted 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 fan applicass, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 18 07 561.659.2227