FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N27746 DOCUMENT #

(9)

MARINER PROFESSIONAL BUILDING OWNERS ASSOCIATION . INC.

, INC.						
Principal Place	of Business	Mailing Address				III OPDA OPBA DIDIK DIDIK DIDIK DIDIK DIDIK POBI
7135-A MARIN SPRING HILL		7135-A MARINER BLVD SPRING HILL FL 34609				
					3. Date Incorporated or Qualified 08/04/1988	3a. Date of Last Report 08/14/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	***************************************	_	4. FEI Number 59-2908571	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	<u> </u>		Yes No
	9. Name and Address of Curre	ent Hegistered Agent	-	1	10. Name and Address of New Reg	gistered Agent
01011111			81	Name		
O'SULLIVAN, BRIAN P 7135 A MARINER BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	HILL FL 34609		83		· 1700111	
			84	City		Ei 85 Zip Code
or registers	o the provisions of Sections 617.05f ed agent, or both, in the State of Flo h, and accept the obligations of, Se	MICH CHANGE WAS BUTDONZE	s, the above- d by the corp	named corpor poration's boar	ration submits this statement for the purpor rd of directors. I hereby accept the appoin	ose of changing its registered office atment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if anniinable (NOT)	- Registered Age	nt signature recoders	id when reinstating)	DATE
12.		ND DIRECTORS	13.	in educació technic	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
Trile	PD	DELETE	1.1 TITLE		ADDITIONAL PARAGE TO OFFICE	Change Addition
NAME	O'SULLIVAN, BRIAN P		1.2 NAME			Charge Neutron
STREET ADDRESS	7135 A MARINER BLVD.			T ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-1			
TITLE	VD	DELETE	21 TITLE	51-2IF		Change Addition
NAME	MYERS, RONALD E		22 NAME			El Angulari
STREET ADDRESS	7135 A MARINER BLVD			TADDRESS		
CITY - ST - ZiP	CODINGC UILL CL		2 4 CITY-			
1:TLE	STD	DELETE	3 1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME	KIEFER, KATHLEEN A	_	3 2 NAME		·	
STREET ADDRESS	7135 A MARINER BLVD.			T ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		3 4. CITY-	1		
THILE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 C(TY-5	ST-ZIP		
TITLE		DELETE	5.1 TITLE	1		☐ Change ☐ Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET	r address		
CITY-ST-ZIP	5.4 C		5.4 CITY - 9	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	r address		
CITY-ST-ZIP			6.4 C(TY-5	ST - ZIP		
14. I do hereby	y certify that the information supplied the information indicated on this an	d with this filing is voluntarily furnis	hed and doe	s not qualify for	or the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further

cering that the information influcated on this annual report of supplemental annual 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 12 or Block 13 or Block 14 or Block 15 or Bl

SIGNATURE:

LOT EMPLE ROMAND & MYMS 17 JAN 91 904-596-4161

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cele Desyline Phone #