FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT #

N27746

(9)

MARINER PROFESSIONAL BUILDING OWNERS ASSOCIATION , INC.

Principal Place of Business 7135-A MARINER BLVD

SPRING HILL FL 34609

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

7135-A MARINER BLVD SPRING HILL FL 34609

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Feb 02 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

352-596-416)

16 JAN 88

Not Applicable

3. Date Incorporated or Qualified

08/04/1988

<u>59-2908571</u>

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

	City & State City & State									7. Is this nonprofit	corpora		_		1?
23				28				☐ Yes ☐ No							
Zip			Country	Zip		Count	try		8	8. This corporation	n owes c	or has paid the o			
24			30				Personal Prope			<u> </u>		No			
	9. Name	and	Address of Current	Registered A		ا م		1	0. Name and Add	iress of	New Registere	d Age	nt 		
		Ja	31	Name							J				
O'SULLI		8	32	Street Add	dress	(P.O. Box Number	r is Not A	Acceptable)	•						
7135 A I		_		·											
SPRING	8	33								ļ					
					8	34	City					. 8	5 Zip (Code	
								<u> </u>				F	<u>L _</u>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida, Such change was authorized by the corporation's heard of directors. I bereby accept the appointment as registered															
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.															
SIGNATURE Shape a proof or offsted norm of registration (NOTE: Registrated Appel signature required when rejustables)														-	
Contract, types or printed the transfer of application to a application (100 to 100 to															
12.		_	OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHA	NGES T	O OFFIÇERS A			
TITLE	PD)		DELETE	1.1 TITLE	E	İ					Ц	Change	Addition
NAME			i, Brian P			1.2 NAM	1E								
STREET ADORESS			RINER BLVD.		1.3 \$		EET A	ADDRESS							
CITY-ST-ZIP	SPRING	HIL	L FL			1.4 CITY	/-ST	- ZIP			<u>:</u>				
TITLE	VD				☐ DETELE	2.1 TITLE	Ę				•			Change	Addition
NAME	MYERS,	RO	Nald E			2.2 NAM	ŧΕ				1				[
STREET ADDRESS	7135 A	MAF	Riner BLVD			2.3 STRE	EET A	ADDRESS			1	. 42			1
CITY-ST-ZIP	SPRING	S H	LL FL			2. 4 CIT	Y-51	T-ZIP			:				
TITLE	STD				☐ DELETE	3.1 TITLE	E				,			Change	Addition
NAME	KIEFER,	, KA	THLEEN A			3.2 NAM	1E								İ
STREET ADDRESS	7135 A MARINER BLVD.							ADDRESS							
CITY-ST-ZIP	SPRING HILL FL 3.4.							T-ZIP							
TITLE					☐ DELETE	4.1 TITLE	E			- -				Change	Addition
NAME						4. 2 NAM	ИE								
STREET ADDRESS						4.3 STRE	EET A	ADDRESS							
CITY-ST-ZIP						4.4 CITY	′-ST	- ZIP							
TITLE					DELETE	5.1 TITLE	Ε				,			Change	Addition
NAME						5.2 NAM	ΙE]
STREET ADDRESS						5.3 STRE	EET A	ADDRESS			4				
CITY-ST-ZIP						5.4 CITY	- ST	-ZIP							
TITLE	· · · · · · · · · · · · · · · · · · ·				DELETE	6.1 TITLE	E		***					Change	Addition
NAME						6.2 NAM	IΕ								
STREET ADDRESS						6.3 STRE	EET A	ODRESS							
CITY - ST - ZIP						6.4 CTTY	-ST	-ZIP							
14. I hereby c	ertify that th	e info	rmation supplied with	this filing do	es not qualify for	or the exem	nptī	on stated in	n Sect	tion 119.07(3)(i), F	lorida St	atutes. I further	certify	that the	information
indicated of officer or of	on this annu director of th	a) re	port or supplemental poration or the receivinged, or on an attach	annual report ør or trustee	is true and acc	turate and i	tna:	f mv sianati	ure sh	hall have the same	: lecial et	tect as it made.	under	bath: tha	utiam an I