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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46139 (4)

1. Corporation Name

MARINER KEY PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1400 CENTREPARK BLVD
SUITE 909
WEST PALM BEACH FL 33401-7490

Mailing Address

161 EBBTIDE DR.
N. PALM BCH. FL 33408-5018



3. Date Incorporated or Qualified
11/20/1991

3a. Date of Last Report
12/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0305498

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, DONALD J
1400 CENTREPARK BLVD
SUITE 909
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME PONCY, JR., GEORGE
STREET ADDRESS 101 EBBTIDE ROAD
CITY-ST-ZIP N PALM BEACH FL ☒ DELETE

1.1 TITLE VD
1.2 NAME KEN MAYS
1.3 STREET ADDRESS 131 DAVIT DR.
1.4 CITY-ST-ZIP N. PALM BEACH, FL. ☒ Change ☐ Addition

TITLE VD
NAME BEAVER, BRIAN
STREET ADDRESS 112 DAVIT DRIVE
CITY-ST-ZIP N PALM BEACH FL ☒ DELETE

2.1 TITLE VD
2.2 NAME TIM WENGIERSKI
2.3 STREET ADDRESS 518 CORSAIR DR.
2.4 CITY-ST-ZIP N. PALM BEACH, FL. ☒ Change ☐ Addition

TITLE VD
NAME GAETA, LOUIS
STREET ADDRESS 528 CORSAIR DRIVE
CITY-ST-ZIP N PALM BEACH FL ☒ DELETE

3.1 TITLE TD
3.2 NAME JACIE COHEN
3.3 STREET ADDRESS 130 DAVIT DR.
3.4 CITY-ST-ZIP N. PALM BEACH, FL. ☒ Change ☐ Addition

TITLE SD
NAME SAJONTZ, SHARON
STREET ADDRESS 101 DAVIT DRIVE
CITY-ST-ZIP N PALM BEACH FL ☒ DELETE

4.1 TITLE SD
4.2 NAME LISA BONDURANT
4.3 STREET ADDRESS 150 S. ANCHORAGE DR.
4.4 CITY-ST-ZIP N. PALM BEACH, FL. ☒ Change ☐ Addition

TITLE PD
NAME PANZARERRA, CARL T
STREET ADDRESS 161 EBBTIDE DR.
CITY-ST-ZIP N. PALM BEACH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 if changed, or in an attachment with an address.

SIGNATURE: *Carl T. Panzarella* CARL T. PANZARELLA 2-28-97 561-627-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000188

CR2E037 (9/96)