

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/20/1991
4. FEI Number 65-0305498
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FREEMAN, DONALD J 1400 CENTREPARK BLVD SUITE 909 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	KEN MAYS
STREET ADDRESS	131 DAVIT DR
CITY-ST-ZIP	N PALM BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	TIM WENGLERSKI
STREET ADDRESS	518 CORSAIR DR
CITY-ST-ZIP	N PALM BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	JACK COHEN
STREET ADDRESS	130 DAVIT DR
CITY-ST-ZIP	N PALM BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LISA BONDURANT
STREET ADDRESS	150 S ANCHORAGE DR
CITY-ST-ZIP	N PALM BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PANZARERRA, CARL T
STREET ADDRESS	161 EBBTIDE DR.
CITY-ST-ZIP	N. PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S/D (SD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOEL VATTER
1.3 STREET ADDRESS	136 DAVIT DR
1.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408
2.1 TITLE	P/D (PD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EVON FREELAND
2.3 STREET ADDRESS	532 CORSAIR DR
2.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408
3.1 TITLE	T/D (TD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONALD CHALAIRE
3.3 STREET ADDRESS	125 BOWSPAIT DR
3.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V/D (VD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARL PANZARELLA
5.3 STREET ADDRESS	161 EBBTIDE DR
5.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: Donald Chalaire **RESIDENT** **4-26-98 (56) 694-0336**

CR2E037 (10/97)