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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90176 027 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46139**

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



2. Principal Place of Business

21 **125 BOWSPRIT DRIVE**

2a. Mailing Address

26 **125 BOWSPRIT DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **NORTH PALM BEACH, FL**

City & State

28 **NORTH PALM BEACH, FL**

Zip

24 **33408**

Country

25 **USA**

Zip

29 **33408**

Country

30 **USA**

3. Date Incorporated or Qualified

**11/20/1991**

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

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

**CHALAIRE, DONALD**

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

**125 BOWSPRIT DR**

83

**NORTH PALM BEACH, FL 33408**

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

*Donald Chalaire* **DONALD CHALAIRE**

**4-27-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME **VD KEN MAYS**  
STREET ADDRESS **131 DAVIT DR**  
CITY-ST-ZIP **N PALM BCH FL**

TITLE  
NAME **SD VATTER, JOEL**  
STREET ADDRESS **136 DAVIT DRIVE**  
CITY-ST-ZIP **N. PALM BCH FL 33408**

TITLE  
NAME **PD FREELAND, EVON**  
STREET ADDRESS **532 CORSAIR DRIVE**  
CITY-ST-ZIP **N. PALM BCH FL 33408**

TITLE  
NAME **TD CHALAIRE, DONALD**  
STREET ADDRESS **125 BOWSPRIT DRIVE**  
CITY-ST-ZIP **N. PALM BCH FL 33408**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **KEN MAYS**  
1.3 STREET ADDRESS **131 DAVIT DR**  
1.4 CITY-ST-ZIP **N PALM BEACH, FL 33408**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **JOEL VATTER**  
2.3 STREET ADDRESS **136 DAVIT DR**  
2.4 CITY-ST-ZIP **N PALM BEACH, FL 33408**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **EVON FREELAND**  
3.3 STREET ADDRESS **532 CORSAIR DR**  
3.4 CITY-ST-ZIP **N PALM BEACH, FL 33408**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **BETH BAGWELL**  
4.3 STREET ADDRESS **143 DAVIT DR**  
4.4 CITY-ST-ZIP **N PALM BEACH, FL 33408**

5.1 TITLE **D** ☒ Change ☐ 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  
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, with all other like empowered.

SIGNATURE: *Donald Chalaire* **DONALD CHALAIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-99**

Date

**(561) 694-0336**

Daytime Phone #

CR2E037 (11/98)