

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46139

1. Entity Name

MARINER KEY PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

125 BOWSPRIT DR
N. PALM BCH FL 33408

Mailing Address

125 BOWSPRIT DR
N. PALM BCH FL 33408-5053

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHALAIRE, DONALD
125 BOWSPRIT DR
N. PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Donald Chaire DONALD CHALAIRE

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

(NOTE: Registered Agent signature required when reinstating)

4-15-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEN MAYS ☐ Delete
STREET ADDRESS 131 DAVIT DR
CITY-ST-ZIP N. PALM BCH FL 33408

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

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

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

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

TITLE SD
NAME BAGWELL, BETH ☒ Delete
STREET ADDRESS 143 DAVIT DR
CITY-ST-ZIP N. PALM BCH FL 33408

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME DONALD CHALAIRE
STREET ADDRESS 125 BOWSPRIT DR
CITY-ST-ZIP N. PALM BCH, FL 33408

TITLE D ☒ Change ☐ Addition
NAME KEN MAYS
STREET ADDRESS 131 DAVIT DR
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE VD ☐ Change ☒ Addition
NAME BRIAN AHEARN
STREET ADDRESS 139 S. ANCHORAGE DR
CITY-ST-ZIP N. PALM BCH, FL 33408

TITLE TD ☐ Change ☒ Addition
NAME BILL BLAKEY
STREET ADDRESS 115 S. ANCHORAGE DR
CITY-ST-ZIP N. PALM BCH, FL 33408

TITLE SD ☐ Change ☒ Addition
NAME CINDY BLAKEY
STREET ADDRESS 115 S. ANCHORAGE DR
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE D ☐ Change ☒ Addition
NAME CRAIG BROWN
STREET ADDRESS 145 S. ANCHORAGE
CITY-ST-ZIP N. PALM BCH, FL 33408

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Chaire DONALD CHALAIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 (561) 694-0336

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0305498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required