

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90010 012 \*\*\*\*61.25

**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

040542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0305498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition  
 NAME BRIAN AHEARN  
 STREET ADDRESS 139 S. ANCHORAGE DRIVE  
 CITY-ST-ZIP N. PALM BEACH, FL 33408

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

TITLE D ☐ Change ☒ Addition  
 NAME KAREN BEAVER  
 STREET ADDRESS 112 DAVIT DRIVE  
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

TITLE D ☐ Change ☒ Addition  
 NAME BRUCE MAHON  
 STREET ADDRESS 119 BOWSPRIT DRIVE  
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

TITLE PDT ☒ Change ☐ Addition  
 NAME DONALD CHALAIRE  
 STREET ADDRESS 125 BOWSPRIT DRIVE  
 CITY-ST-ZIP N. PALM BEACH, FL 33408

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

TITLE D ☐ Change ☒ Addition  
 NAME KATHY SANFORD  
 STREET ADDRESS 137 BOWSPRIT DRIVE  
 CITY-ST-ZIP N. PALM BEACH, FL 33408

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

TITLE S D ☐ Change ☒ Addition  
 NAME KATHLEEN CHALAIRE  
 STREET ADDRESS 125 BOWSPRIT DRIVE  
 CITY-ST-ZIP N. PALM BEACH, 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: *SIGNATURE CHALAIRE*

4-30-01

561-694-0336

CR2E037 (10/00)