


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90069 022 \*\*\*\*61.25

<b>DOCUMENT # N46139</b>			
1. Entity Name <b>MARINER KEY PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>125 BOWSPRIT DR N. PALM BCH FL 33408</b>		Mailing Address <b>125 BOWSPRIT DR N. PALM BCH FL 33408</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>CHALAIRE, DONALD 125 BOWSPRIT DR N. PALM BCH FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0305498</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AHEARN, BRIAN</b> <b>139 S. ANCHORAGE DRIVE</b> <b>N PALM BCH FL 33408</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEAVER, KAREN</b> <b>112 DAVIT DRIVE</b> <b>N. PALM BCH FL 33408</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAHON, BRUCE</b> <b>119 BOWSPRIT DRIVE</b> <b>N. PALM BCH FL 33408</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>CHALAIRE, DONALD</b> <b>125 BOWSPRIT DRIVE</b> <b>N. PALM BCH FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANFORD, KATHY</b> <b>137 BOWSPRIT DRIVE</b> <b>NORTH PALM BEACH FL 33408</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CHALAIRE, KATHLEEN</b> <b>125 BOWSPRIT DRIVE</b> <b>N PALM BCH FL 33408</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Chalaire **CHALAIRE, DONALD** 8-24-03 561-694-0336

CR2E037 (4/03)