
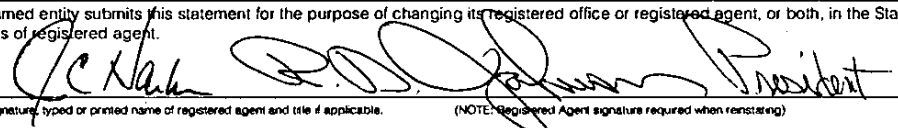
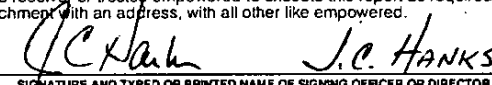


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 032 ****61.25

40004119

DOCUMENT # N93000001770 1. Entity Name MARINER VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O EAST COAST MGMT VERO BEACH, FL 32965 US				Mailing Address PO BOX 650606 VERO BEACH, FL 32965 US	
2. Principal Place of Business C/O William Herman, CPA Suite, Apt. #, etc. 5950 1st St. S.W. City & State Vero Beach, FL Zip 32968		3. Mailing Address C/O William Herman, CPA Suite, Apt. #, etc. 5950 1st St. S.W. City & State Vero Beach, FL Zip 32968		01072005 Chg-NP CR2E037 (10/03)	
Country USA		Country USA		4. FEI Number 65-0481218	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, ROBERT 20 MARINER BEACH LANE VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 35%; text-align: right;"> President 1/15/05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE PD			<input type="checkbox"/> Delete		
NAME JOHNSON, ROBERT			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 20 MARINER BEACH LANE					
CITY-ST-ZIP VERO BEACH, FL 32963					
TITLE SD			<input type="checkbox"/> Delete		
NAME AILLS, BARBARA			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 221 SEASIDE PKWY.					
CITY-ST-ZIP VERO BEACH, FL 32963					
TITLE TD			<input type="checkbox"/> Delete		
NAME HANKS, J.C.			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 241 SEASIDE PATHWAY					
CITY-ST-ZIP VERO BEACH, FL 32963					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
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:  J.C. HANKS 1/15/05 772-231-2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					