2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001770

1. Entity Name
MARINER VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM HERMAN CPA 5950 1ST ST S.W. VERO BEACH, FL 32968 US	C/O WILLIAM HERMAN CPA 5950 1ST ST S.W. VERO BEACH, FL 32968 US

DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0481218
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT
20 MARINER BEACH LANE
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, ROBERT
STREET ADDRESS	20 MARINER BEACH LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	SD
NAME	AILLS, BARBARA
STREET ADDRESS	221 SEASIDE PKWY.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD
NAME	HANKS, J.C.
STREET ADDRESS	241 SEASIDE PATHWAY
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000399458
02/01/06-80014-002 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 772-231-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #