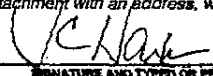


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 C/O WILLIAM HERMAN CPA 5950 1ST ST S.W. VERO BEACH, FL 32968 US		Mailing Address 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT 20 MARINER BEACH LANE VERO BEACH, FL 32963	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AILLS, BARBARA 221 SEASIDE PKWY. VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANKS, J.C. 241 SEASIDE PATHWAY 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		
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 #