


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90016 030 ****61.25

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
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2. Principal Place of Business - No P.O. Box # A.R. Choice Mgmt. Suite, Apt. #, etc. 333 17th Street, Ste 2-L City & State Vero Beach, FL Zip 32960 Country USA	3. Mailing Address A.R. Choice Mgmt. Suite, Apt. #, etc. 333 17th St. Ste 2-L City & State Vero Beach, FL Zip 32960 Country USA
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02282008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0481218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 Alan Romano Street Address (P.O. Box Number is Not Acceptable) c/o A.R. Choice Mgmt, Inc 333 17th Street, Suite 2-L City Vero Beach FL Zip Code 32960
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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  **Alan P. Romano** **2/28/08**
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, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT 20 MARINER BEACH LANE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Yates, John 333 17th St. Suite 2-L Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AILLS, BARBARA 221 SEASIDE PKWY. VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hulecki, Joy 333 17th St. Suite 2-L Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANKS, J.C. 241 SEASIDE PATHWAY VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gilmore, Michael 333 17th St. Suite 2-L Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input 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 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:  **2/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #