

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90031 041 \*\*\*\*61.25

<b>DOCUMENT # N93000004348</b>					
<b>1. Entity Name</b> MARINER VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3579 S. ACCESS ROAD SUITE L ENGLEWOOD, FL 34224 US			<b>Mailing Address</b> P.O. BOX 974 ENGLEWOOD, FL 34295		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  DIGNAM, TOM 1201 SOUTH MCALL ROAD ENGLEWOOD, FL 34223				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  State: <b>FL</b> Zip Code:	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> S <b>NAME</b> TAYLOR, BETSY <b>STREET ADDRESS</b> 1390 BEACH RD UNIT 2 <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Michael Braudoin <b>STREET ADDRESS</b> 1400 Beach Rd Unit 4 <b>CITY-ST-ZIP</b> Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BOLSENDAHL, EDWARD <b>STREET ADDRESS</b> 1380 BEACH RD UNIT 1 <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <del>D</del> <b>NAME</b> CLYNE, MARY <b>STREET ADDRESS</b> 1390 BEACH RD UNIT 1 <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> DIGNAM, TOM <b>STREET ADDRESS</b> 1201 S. MCCALL RD <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GARCIA, NANCY <b>STREET ADDRESS</b> 1400 BEACH RD. UNIT 3 <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-10-05</u> Daytime Phone #: <u>941 474-6715</u>		

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4. FEI Number **65-0443476** Applied For ☐ Not Applicable ☐

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