
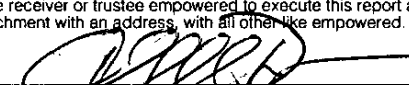


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90168 015 \*\*\*\*61.25

<b>DOCUMENT # N93000004348</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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01062006 Chg-NP CR2E037 (11/05)
4. FEI Number <b>65-0443476</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIGNAM, TOM 1201 SOUTH MCALL ROAD ENGLEWOOD, FL 34223</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TAYLOR, BETSY 1390 BEACH RD UNIT 2 ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Maxine DeVrou 1380 Beach Rd Unit 3 Englewood, FL 34223</b>
<b>D BOLSENDAHL, EDWARD 1380 BEACH RD UNIT 1 ENGLEWOOD, FL 34223</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>D BRAUDOIN, MICHAEL 1400 BEACH RD UNIT 4 ENGLEWOOD, FL 34223</b>		<input type="checkbox"/> Delete		<b>Beaudoin</b>	
<b>P DIGNAM, TOM 1201 S. MCCALL RD ENGLEWOOD, FL 34223</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>T GARCIA, NANCY 1400 BEACH RD. UNIT 3 ENGLEWOOD, FL 34223</b>		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<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.					
<b>SIGNATURE:</b> 			Date <b>1-9-06</b> Daytime Phone # <b>(941) 474-6715</b>		
<b>THOMAS M. DIGNAM</b>					