

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90014 033 ****61.25

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04132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N96000000531 1. Entity Name MARINER'S PASS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROFESSIONALLY YOURS, INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US			Mailing Address C/O PROFESSIONALLY YOURS PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3394933	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS, INC. 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name <u>George Teague</u> Street <u>2517 Santa Barbara Blvd., #11</u> City <u>Cape Coral, FL 33914</u> p Code _____	
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>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIAN, ROBERT		NAME		
STREET ADDRESS	4057 CAPE COLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<u>Treas.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRENCH, BAYARD		NAME		
STREET ADDRESS	4013 CAPE COLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, FREDERICK		NAME		
STREET ADDRESS	4025 CAPE COLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<u>Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOIG, RONALD		NAME		
STREET ADDRESS	3925 CAPE COLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>Vice Pres.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANT, RICHARD		NAME		
STREET ADDRESS	3881 CAPE COLE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					