

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90037 047 \*\*\*\*61.25

**DOCUMENT # N96000002776**

1. Entity Name  
**MARINER'S COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O INTEGRITY PROPERTY MANAGEMENT  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US**

Mailing Address  
**C/O INTEGRITY PROPERTY MANAGEMENT  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US**



2. Principal Place of Business - No P.O. Box #  
**United Community Management**

Suite, Apt. #, etc.  
**11784 W. Sample Rd**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Coral Springs, FL**

Zip Country  
**33065 US**

City & State  
**← Same**

Zip Country

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0652632**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITTLE, CYNTHIA G  
953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name  
**United Community Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**11784 W. Sample Rd**

City State Zip Code  
**Coral Springs, FL 33065**

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 **Douglas Kortanwal U.P. Finance United Comm. Managt. 2/2/07**  
Signature typed or printed name of registered agent, unit title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TANNER, CRAIG 500 NW 118 WAY CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD JASKULSKI, CARROLL 441 NW 118 AVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHEINER, ALLAN 12045 3RD DR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD RODES, SHERRI 542 NW 118 AVENUE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SCHUABEN, MARC 429 NW 120 DRIVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Craig Tanner 500 NW 118 way Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary Jerry Okona 304 NW 119 Dr. Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Marc Schauben 429 NW 120 Dr. Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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: **MARC A. SCHAUZEN** **3/2/07**  
Signature typed or printed name of signing officer or director Date

Daytime Phone #