

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002776

FILED
Mar 14, 2009
Secretary of State

Entity Name: MARINER'S COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

UNITED COMMUNITY MANAGEMENT
11784 W. SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

UNITED COMMUNITY MANAGEMENT
11784 W. SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0652632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT
11784 W. SAMPLE RD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TANNER, CRAIG
Address: 500 NW 118 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: OKONA, JERRY
Address: 304 NW 119 DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: SCHEINER, ALLAN
Address: 12045 3RD DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD () Delete
Name: RODES, SHERRI
Address: 542 NW 118 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P () Delete
Name: SCHAUBEN, MARC
Address: 429 NW 120 DR
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: OKONA, JERRY
Address: 304 NW 119 DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SCHAUBEN, MARC
Address: 429 NW 120 DR
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PLAMER

AGT

03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date