


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 007 ****61.25

DOCUMENT # N96000003966

1. Entity Name
MARINER'S COVE HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.



Principal Place of Business
**9411-2 CYPRESS LAKE DR
 FORT MYERS, FL 33919 US**

Mailing Address
**C/O SCHOO MANAGEMENT, INC.
 9411 CYPRESS LAKE DR., #2
 FORT MYERS, FL 33919 US**



2. Principal Place of Business - No P.O. Box #
C/O Intergrated Property Mgmt.

3. Mailing Address
C/O Intergrated Property Mgmt.

Suite, Apt. #, etc.
3435 10th Street N. #201

Suite, Apt. #, etc.
3435 10th Street N. #201

03202008 Chg-NP CR2E037 (12/06)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-0706452

Applied For
 Not Applicable

Zip
34103

Country

Zip
34103

Country

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

6. Name and Address of Current Registered Agent

**CRUZ, BRYAN
 C/O SCHOO MANAGEMENT, INC.
 9411 CYPRESS LAKE DRIVE, SUITE 2
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name
C/O Intergrated Property Mgmt.

Street Address (P.O. Box Number is Not Acceptable)
3435 10th Street N. #201

City
Naples, FL Zip Code **FL 34103**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEADERS, CINDA			NAME	Leaders, Cinda		
STREET ADDRESS	20671 GARDEN DRIVE			STREET ADDRESS	20671 Garden Dr.		
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP	Estero, FL 33928		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRICE, CLAUDE			NAME	Brown, Joseph		
STREET ADDRESS	20720 GARDEN DRIVE			STREET ADDRESS	20571 Port Dr.		
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP	Estero, FL 33928		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ISBELL, MARVIN			NAME	Bennett, Roger		
STREET ADDRESS	20741 ANCHOR DR			STREET ADDRESS	20610 River DR.		
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP	Estero, FL 33928		
TITLE	S	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORRIS, PRISCILL A			NAME	Meyer, John		
STREET ADDRESS	20671 BASIN DR			STREET ADDRESS	20690 Garden Dr.		
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP	Estero, FL 33928		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLONI, VINEE			NAME			
STREET ADDRESS	20580 GARDEN DRIVE F44			STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928			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: *Joseph E Brown* **Joseph E Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-23-07** Daytime Phone #: **493-8456**