## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N97000002124

1. Entity Name



**FILED** Mar 24, 2006 8:00 am Secretary of State

03-24-2006 90016 024 \*\*\*\*61.25

727-460-804

MARINERS LANDING TOWNHOMES HOMEOWNERS ASSOCIATION, INC.  Principal Place of Business  Mailing Address						)  : _				
11350 66TH STREET N 1 SUITE 124 S			Mailing Address 11350 66TH STREET N SUITE 124 LARGO, FL 33773 US							
Principal Place of Business     3. M			3. Mailing Address	I. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112006	Chg-NP	CR2E037	7 (11/05)	
City & State			City & State			4. FEI Number 59-3467032			<del></del>	pplied For ot Applicable
Zip		Country	Zip	Count	try	5. Certificate of	Status Desired		8.75 Ad ee Require	
	6. Name a	nd Address of Current	Registered Agent	-		7. Name and A	ddress of New R	Registered A	gent	
HOLIDAY ISLES PROPERTY MGMT.,INC. 11350 66TH STREET N					Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 124 LARGO, F						•				
				Γ	City			FL	Zip Coo	ie
	e named entity s tions of register		r the purpose of changing its	registered	office or regist	ered agent, or both,	in the State of Flo		1 amiliar with	, and accept
SIGNATURE		printed name of registered agent	and title if applicable. (NOTE	: Registered A	kgent signature requir	red when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006										
	-		9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees		take check rida Departi	payable t	
10.	Due by Ma		Trust Fund C			\$5.00 May Be	Floa	lake check rida Departi	payable t ment of S	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, JA	OFFICERS AND DIF	Trust Fund C	11. TITLE NAME	ADDRESS	\$5.00 May Be Added to Fees	Floa	take check rida Departi ERS AND DIR	payable t ment of S	itate
TITLE NAME STREET ADDRESS	PD WILSON, JA 1117 PINEL TIERRA VE SD MOWRY, H 1117 PINEL	OFFICERS AND DIF AY LAS BAYWAY S. #10 RDE, FL 33715	Trust Fund C	11. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS 1- ZIP ADDRESS	\$5.00 May Be Added to Fees	Floa	Make check rida Departi RS AND DIR	payable to ment of S	v 10
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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: .