

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03630

Entity Name: MARINER'S LIGHT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**16332 GULF BLVD.
REDINGTON BEACH, FL 33708**Current Mailing Address:**C/O ALL MGMT., LLC
P.O. BOX 40087
SAINT PETERSBURG, FL 33743 US**FEI Number:** 59-2646837**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALL MGMT., LLC
C/O ALL MGMT., LLC
5309 13TH AVE. N
SAINT PETERSBURG, FL 33710 US*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:** DORIS A. FARLEY

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ANDOLINA, PHILIP
Address	C/O ALL MGMT., LLC P.O. BOX 40087
City-State-Zip:	SAINT PETERSBURG FL 33743

Title	VP
Name	MURPHY, MICHAEL
Address	C/O ALL MGMT., LLC P.O. BOX 40087
City-State-Zip:	SAINT PETERSBURG FL 33743

Title	DIRECTOR
Name	NAGLER, MARGARET
Address	C/O ALL MGMT., LLC P.O. BOX 40087
City-State-Zip:	SAINT PETERSBURG FL 33743

Title	TREASURER
Name	DIASIO, JAMES
Address	C/O ALL MGMT., LLC P.O. BOX 40087
City-State-Zip:	SAINT PETERSBURG FL 33743

Title	SECRETARY
Name	THOMPSON, MAURICE
Address	C/O ALL MGMT., LLC P.O. BOX 40087
City-State-Zip:	SAINT PETERSBURG FL 33743

I hereby 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 all other like empowered.

SIGNATURE: DORIS FARLEY FOR PHILIP ANDOLINA

CAM

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date