

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761472 (0)
 1. Corporation Name
MARINER SANDS CLUB VILLAS ASSOCIATION, INC.



Principal Place of Business 6500 MARINER SANDS DR STUART FL 34997	Mailing Address 6500 MARINER SANDS DR STUART FL 34997
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/15/1982	3a. Date of Last Report 03/17/1995
21	26	4. FEI Number 59-2152784	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SHAW, DANIEL W.
6500 MARINER SANDS DR.
STUART FL 34997

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPFORD, FRANK	1.2 NAME	SEARS, PAUL
STREET ADDRESS	6500 MARINER SANDS DR.	1.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, ELIZABETH	2.2 NAME	LUPI, ANTHONY
STREET ADDRESS	6500 MARINER SANDS DRIVE	2.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARS, PAUL	3.2 NAME	SEABURY, EDWIN
STREET ADDRESS	6500 MARINER SANDS DRIVE	3.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUPI, ANTHONY	4.2 NAME	DELANO, KENT
STREET ADDRESS	6500 MARINER SANDS DRIVE	4.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABURY, EDWIN	5.2 NAME	
STREET ADDRESS	6500 MARINER SANDS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kent Delano **REQUIRED** 6/19/96 (407) 263-1114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)