

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761472

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: MARINER SANDS CLUB VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

6500 SE MARINER SANDS DR  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BRISTOL MANAGEMENT SERVICES INC  
1930 COMMERCE LANE #1  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 59-2152784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRISTOL MANAGEMENT SERVICES INC  
1930 COMMERCE LANE #1  
JUPITER, FL 33458 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: S      ( ) Delete  
Name: FERREL, BRIAN  
Address: 6500 MARINER SANDS DR  
City-St-Zip: STUART, FL 34997

Title: VP      ( ) Delete  
Name: MULLE, ANTHONY  
Address: 6500 MARINER SANDS DRIVE  
City-St-Zip: STUART, FL 34997

Title: T      ( ) Delete  
Name: SULLIVAN, ANDREW  
Address: 6500 MARINER SANDS DR  
City-St-Zip: STUART, FL 34997

Title: P      ( ) Delete  
Name: STOCKTON, STEPHEN  
Address: 6500 MARINER SANDS DR  
City-St-Zip: STUART, FL 34997

Title: D      ( ) Delete  
Name: LICCARDI, CARLO  
Address: 6500 SE MARINER SANDS DR  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LEANNE BORNER

LCAM

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date