

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000534

Entity Name: MARINER SANDS CHARITY WEEK, INC.**Current Principal Place of Business:**6500 MARINER SANDS DRIVE
STUART, FL 34997**Current Mailing Address:**6500 MARINER SANDS DRIVE
STUART, FL 34997**FEI Number:** 20-8256527**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LORENZ, PAUL F
6500 MARINER SANDS DRIVE
STUART, FL 34997 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:** PAUL F. LORENZ

01/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KUNG, ROBERT
Address 6500 MARINER SANDS DRIVE
City-State-Zip: STUART FL 34997

Title TREASURER
Name AMES, MICHELE
Address 6500 MARINER SANDS DRIVE
City-State-Zip: STUART FL 34997

Title PRESIDENT
Name BLACK, JEFFREY
Address 6500 MARINER SANDS DRIVE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name SLOWIK, KEN
Address 6500 MARINER SANDS DRIVE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name GILLIES, DAVID KIRK
Address 6500 MARINER SANDS DRIVE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name WAHLE, BARBARA
Address 6500 MARINER SANDS COUNTRY CLUB
City-State-Zip: STUART FL 34997

Title SECRETARY
Name LORENZ, PAUL F.
Address 6500 MARINER SANDS DRIVE
City-State-Zip: STUART FL 34997

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: PAUL LORENZ**SECRETARY**

01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date