

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726484

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** MARINER POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

760 SEXTANT DRIVE  
SANIBEL, FL 33957

**New Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957

**Current Mailing Address:**

PO BOX 100  
SANIBEL, FL 33957

**New Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957

**FEI Number:** 59-1580063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKESY, STEVEN  
711 TARPON BAY RD  
SANIBEL, FL 33957 US

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

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 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: STEVEN MACKESY

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SETTANNI, THOMAS  
Address: 760 SEXTANT DR # 942  
City-St-Zip: SANIBEL, FL 33957

Title: TD  
Name: NIXON, RONALD  
Address: 1378 CALENDONIA CIRCLE  
City-St-Zip: LOUISVILLE, CO 80027

Title: VD  
Name: MCBROOM, JOHN  
Address: 315 NORTH 7315 HWY 83  
City-St-Zip: HARTLAND, WI 53029

Title: SD  
Name: HAITT, FRANK  
Address: 10809 SEASCAPE COURT  
City-St-Zip: INDIANAPOLIS, IN 46256

Title: D  
Name: RICHMOND, MICHAEL  
Address: 275 SOUTH SHORE LANE  
City-St-Zip: LAKE FOREST, IL 60045

Title: D  
Name: PODER, JOE  
Address: 17 BALSAM RIDGE CIRCLE  
City-St-Zip: WALLINGSFORD, CT 06492

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: THOMAS SETTANNI

PD

04/18/2011

Electronic Signature of Signing Officer or Director

Date