

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 01, 2009
Secretary of State

DOCUMENT# 732301

Entity Name: MARINER NORTH, INC.

Current Principal Place of Business:1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 US**New Principal Place of Business:**104 E FOWLER ST
SUITE 190
TAMPA, FL 33612 US**Current Mailing Address:**1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 US**New Mailing Address:**PO BOX 1217
TAMPA, FL 33679 US

FEI Number: 59-1891969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROUANZION, SUSAN
1110 PINELLAS BAYWAY #207
TIERRA VERDE, FL 33715 US**Name and Address of New Registered Agent:**FRASCIA, FRANCIS
5550 W EXECUTIVE DR
SUITE 250
TAMPA, FL 33609 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: FRANCIS FRASCIA

11/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VPD () Delete
Name: DELLINGER, ROBERT
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715Title: PD () Delete
Name: FORTNER, STEVE
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715Title: TD () Delete
Name: CHIMERA, THOMAS
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715Title: SD () Delete
Name: JIMENEZ, FRANK
Address: 1110 PINELLAS BAYWAY #207
City-St-Zip: TIERRA VERDE, FL 33715**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VPD (X) Change () Addition
Name: DELLINGER, ROBERT
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679Title: PD (X) Change () Addition
Name: GREGORY, NORMAN
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679Title: TD (X) Change () Addition
Name: CHIMERA, THOMAS
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679Title: SD (X) Change () Addition
Name: JIMENEZ, FRANK
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

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: TOM CHIMERA

TD

11/01/2009

Electronic Signature of Signing Officer or Director

Date