2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743840

1. Entity Name

MARINER SANDS PROPERTY OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:05

* No reinstatement Fee required. report was rejected in error. SR

Principal Place of Business	Mailing Address
6500 MARINER SANDS DRIVE STUART FL 34997	6500 MARINER SANDS DRIVE STUART FL 34997

DO NOT WRITE IN THIS SPACE

01-25 -01 90005 038 $61.25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2147192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOCK, FREDERICK F 6500 MARINER SANDS DRIVE STUART FL 34997	Name GEESINER, LARRY Street Address (P.O. Box Number is Not Acceptable) 6500 MARINER SANDS Drive City STUART FL Zip Code 34997

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBSON, ALLAN 5391 BURNING TREE CIRCLE STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRUTETTE, GENE 5111 BRANDYWINE WAY STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLIFFORD, WILLIAM 5602 FOXCROSS PL STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR FRANKLIN, JAMES 6266 SE OAKMONT PLACE STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAUTION, ARTHUR A 5711 WINGED FOOT DR STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER / DIRECTOR JOHN C REAGAN 6273 CANTERBURY LANE STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAZESKI, EDWARD 6265 MARINER SANDS DRIVE STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition M10/30
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STADLER, DONALD A 6864 SE PACIFIC DR STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / DIRECTOR MCLEAN, ANNE-MARIE 6245 OAKMONT PLACE STUART FL 34997	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C Reagan JOHN C REAGAN 1-9-2001 561-221-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #