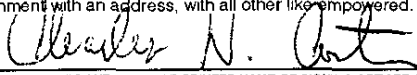


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90274 012 ****61.25

DOCUMENT # 743840 1. Entity Name MARINER SANDS COUNTRY CLUB, INC.					
Principal Place of Business 6500 MARINER SANDS DRIVE STUART, FL 34997			Mailing Address 6500 MARINER SANDS DRIVE STUART, FL 34997		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GERSTNER, LARRY C 6500 MARINER SANDS DRIVE STUART, FL 34997				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	RIDGWAY, RICHARD		NAME	Frank Heffron	
STREET ADDRESS	6285 OAKMONT PLACE		STREET ADDRESS	6440 SE Mariner Sands Dr.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	FRANKLIN, JAMES		NAME	William Dwyer	
STREET ADDRESS	6266 SE OAKMONT PLACE		STREET ADDRESS	6780 SE Pacific Dr.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	REAGAN, JOHN C		NAME	Charles Coates	
STREET ADDRESS	6273 CANTERBURY LANE		STREET ADDRESS	6601-SE-Barrington Dr.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	SWAIN, WILLIAM		NAME	James Parrilli	
STREET ADDRESS	6989 SE PACIFIC DR		STREET ADDRESS	6200 SE Mariner Sands Dr.	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/26/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 772-2217300		