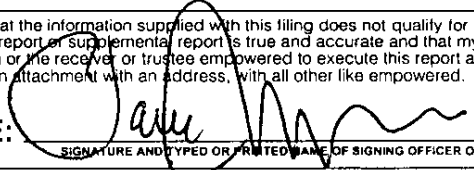


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 028 ****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 - No P.O. Box #		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 ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Larry C. Gerstner 6500 SE Mariner Sands Dr Stuart FL 34997			7. Name and Address of New Registered Agent Name Lynne Power Street Address (P.O. Box Number is Not Acceptable) 6500 SE Mariner Sands Dr City Stuart FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Lynne Power Lynne Power, Director of Finance 6/29/07 (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 September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, ROBERT 6756 SE PACIFIC DRIVE STUART, FL 34997	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANG, ANTHONY 5621 SE FOXCROSS PLACE STUART, FL 34997	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, BARRETT 5983 SE GLEN EAGLE WAY STUART, FL 34997	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOWIKOWSKI, BARBARA 6441 SE BAHUSTOL TERRACE STUART, FL 34997	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Powers, Jim 6480 SE Winged Foot Drive Stuart, FL 34997	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Niogetti, Paul 5863 SE Glen Eagle Way Stuart, FL 34997	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7-9-07 Daytime Phone # 772-288-5386					