2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 743840

Entity Name: MARINER SANDS COUNTRY CLUB, INC.

Current Principal Place of Business:

6500 SE MARINER SANDS DRIVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6500 SE MARINER SANDS DRIVE
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2147192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, BILL
6500 SE MARINER SANDS DRIVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: POWERS, JIM
Address: 6480 SE WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

Title: PD ( ) Delete
Name: LANG, ANTHONY
Address: 5621 SE FOXCROSS PLACE
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: NICOLETTI, PAUL
Address: 5983 SE GLEN EAGLE WAY
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: NOWIKOWSKI, BARBARA
Address: 6441 SE BAHUSTOL TERRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: COTTER, MAUREEN
Address: 6185 SE MARINER SANDS DRIVE
City-St-Zip: STUART, FL 34997

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: JIM POWERS TD 04/29/2008

Electronic Signature of Signing Officer or Director — Date