2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#743840

FILED Apr 17, 2009 Secretary of State

Entity Name: MARINER SANDS COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

6500 SE MARINER SANDS DRIVE STUART, FL 34997

Current Mailing Address: New Mailing Address:

6500 SE MARINER SANDS DRIVE STUART, FL 34997

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: POWERS, JIM Name: DANKNER, HAROLD

Address: 6480 SE WINGED FOOT DRIVE Address: 5985 SE CONGRESSIONAL PLACE

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: PD () Delete Title: PD (X) Change () Addition

Name:LANG, ANTHONYName:SALTARELLI, MARTINAddress:5621 SE FOXCROSS PLACEAddress:6232 SE CANTERBURY LANE

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: SD () Delete Title: SD (X) Change () Addition Name: NICOLETTI, PAUL Name: CONNOLLY, LORRAINE

Address: 5983 SE GLEN EAGLE WAY Address: 7038 SE WINGED FOOT DRIVE

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$

Name: COTTER, MAUREEN Name: KIDD, EARL

Address: 6185 SE MARINER SANDS DRIVE Address: 6667 SE BARRINGTON DRIVE

City-St-Zip: STUART, FL 34997 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: HAROLD DANKNER TD 04/17/2009