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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750505** (0)

1. Corporation Name

MARINER SANDS COUNTRY CLUB, INC.

Principal Place of Business

**6490 MARINER SANDS DRIVE
STUART FL 34997**

Mailing Address

**6490 MARINER SANDS DRIVE
STUART FL 34997**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SORENSEN, PATRICIA D
6490 MARINER SANDS DR
STUART FL 34997**

3. Date Incorporated or Qualified

12/14/1979

4. FEI Number

59-2054922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POLING, RICHARD B.	
STREET ADDRESS	5625 FOXCROSS PLACE	
CITY-ST-ZIP	STUART FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWEENEY, RAYMOND W	
STREET ADDRESS	6407 CONGRESSIONAL LANE	
CITY-ST-ZIP	STUART FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, DONALD	
STREET ADDRESS	6020 MARINER SANDS DRIVE	
CITY-ST-ZIP	STUART FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLIFFORD, WILLIAM	
STREET ADDRESS	5602 FOXCROSS PLACE	
CITY-ST-ZIP	STUART FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BISSELL, HARRY	
STREET ADDRESS	5122 BRANDYWINE WAY	
CITY-ST-ZIP	STUART FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, LYNNE	
STREET ADDRESS	6086 OAKMONT PLACE	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FYLER, ANSON	
1.3 STREET ADDRESS	6461 WINGED FOOT DRIVE	
1.4 CITY-ST-ZIP	STUART, FL 34997	

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SWEENEY, RAYMOND W.	
2.3 STREET ADDRESS	STUART, FL 34997	
2.4 CITY-ST-ZIP		

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAUTIO, ARTHUR A.	
3.3 STREET ADDRESS	5711 WINGED FOOT DRIVE	
3.4 CITY-ST-ZIP	STUART, FL 34997	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	STUART, FL 34997	
4.4 CITY-ST-ZIP		

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	STUART, FL 34997	
5.4 CITY-ST-ZIP		

6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STADLER, DONALD A.	
6.3 STREET ADDRESS	6864 SE PACIFIC DRIVE	
6.4 CITY-ST-ZIP	STUART, FL 34997	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia D Sorensen

* SEE ATTACHED SHEET FOR ADDITIONAL DIRECTORS

2/11/98

561-221-7303

CR2E037 (10/97)