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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750505

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

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FYLER, ANSON	
STREET ADDRESS	6461 WINGED FOOT DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, RAYMOND W	
STREET ADDRESS	6407 CONGRESSIONAL LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAUTIO, ARTHUR A	
STREET ADDRESS	5711 WINGED FOOT DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLIFFORD, WILLIAM	
STREET ADDRESS	5602 FOX CROSS PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISSELL, HARRY	
STREET ADDRESS	5122 BRANDYWINE WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STADLER, DONALD A	
STREET ADDRESS	6864 SE PACIFIC DR	
CITY-ST-ZIP	STUART FL 34997	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUYETTE, GENE	
2.3 STREET ADDRESS	5111 BRANDYWINE WAY	
2.4 CITY-ST-ZIP	STUART, FL 34997	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ESKRA, DAVID	
3.3 STREET ADDRESS	6245 SE BALTUSROL TERRACE	
3.4 CITY-ST-ZIP	STUART, FL 34997	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACOBSON, ALLAN	
5.3 STREET ADDRESS	5391 BURNING TREE CIRCLE	
5.4 CITY-ST-ZIP	STUART, FL 34997	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Patricia D. Sorensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

261-721-7300
Daytime Phone #

CR2E037 (1/98)