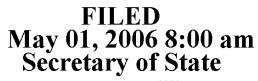
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #752044**



1. Entity Name MARINER SANDS GOLF COTTAGE ASSOCIATION, INC.								05-01-2006 90388 022 ****61.25				
Principal Place 6500 MARINI STUART, FL	ER SANDS D	Mailing Address 6500 MARINER SANDS DR STUART, FL 34997				40075103						
2. Principal Place of Business 3			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04182006 (hg-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Number 59-2015932				Applied For Not Applicable	
Zip	Zip Country		Zip		Cou	intry	5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registere							7. Name and Address of New Registered Agent					
GERSTNER, LARRY RA 6500 MARINER SANDS DRIVE STUART, FL 34997						Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Cod	e	
	ions of regisi			· · · · · · · · · · · · · · · · · · ·				ed agent, or both, i	n the State of Fi		<u> </u>	and accept
Filling Fee is \$61.25 Due by May 1, 2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registred agent and title if applicable.) 9. Election Campaign Trust Fund Contrib					npaign F	inencing		\$5.00 May Be Added to Fees		lake chec	c payable t	
10.		OFFICERS AND DIF	RECTORS		11.		-	ADDITIONS/CHAN	ES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	GLLIAM RINER SANDS DR. FL 34997	-	Delete			Kern 650	y Chatfick to Marine eart Fl	V Pres	sident Dr		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6500 MAF	INO, GAYE RINER SANDS DR. FL 34997		Delete				20, 0			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, JANE RINER SANDS DR. FL 34997		☐ Detete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART,	ROBERT RINER SANDS DR. FL 34997		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6500 MAF	R, ALBERT TYCO RINER SANDS DR FL 34997	Surcy	☐ Delete			Tri	casurer			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partifu that th	e information supplied with	this filling do	Delete	CITY	E et adoress -\$t-zip	nnteined	in Chanter 119 Fl	vida Statutae I	further corr	Change	Addition

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: