

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90830 034 ****61.25

DOCUMENT # 752044 1. Entity Name MARINER SANDS GOLF COTTAGE ASSOCIATION, INC.					
Principal Place of Business 6500 MARINER SANDS DR STUART, FL 34997				Mailing Address 6500 MARINER SANDS DR STUART, FL 34997	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GERSTNER, LARRY RA 6500 MARINER SANDS DRIVE STUART, FL 34997				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHATFIELD, TERRY 6500 MARINER SANDS DR STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Terry Chatfield 6500 MS DR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACCAVINO, GAYE 6500 MARINER SANDS DR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Al Ridinger 6500 MS DR STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVNAER, JANE 6500 MARINER SANDS DR. STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jane Havnaer TR 6500 MS DR. STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ROBERT 6500 MARINER SANDS DR. STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. James Roberts 6500 MS DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDINGER, ALBERT 6500 MARINER SANDS DR STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Carol Quibell 6500 MS DR STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Terry Chatfield</i>				04-27-07 772 283,1114	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

