


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90047 006 ****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 1111 SE Federal Highway Suite 100 Stuart, FL 34994			
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 59-2015932	
Zip 34994		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name ADVANTAGE PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 1111 SE Federal Highway Suite 100 City Stuart				Name ADVANTAGE PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 1111 SE Federal Highway Suite 100 City Stuart	
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 DAVID H. KEET 9/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME CHATFIELD, TERRY STREET ADDRESS 6500 MARINER SANDS DR CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete			TITLE PD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME RIDINGER, AL STREET ADDRESS 6500 MARINER SANDS DR. CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete			TITLE VPD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME HAVNAER, JANE STREET ADDRESS 6500 MARINER SANDS DR. CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete			TITLE TD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JAMES, ROBERT STREET ADDRESS 6500 MARINER SANDS DR. CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete			TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME QUIBELL, CAROL STREET ADDRESS 6500 MARINER SANDS DR CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete			TITLE SD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME 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: Terry Chatfield 04-16-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					