

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752044

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** MARINER SANDS GOLF COTTAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

6500 MARINER SANDS DR  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1111 SE FEDERAL HIGHWAY  
SUITE 100  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 59-2015932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADVANTAGE PROPERTY MANAGEMENT, LLC  
1111 SE FEDERAL HIGHWAY  
SUITE 100  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHATFIELD, TERRY  
Address: 5193 CLUB WAY  
City-St-Zip: STUART, FL 34997

Title: VPTD  
Name: RIDINGER, AL  
Address: 5143 CLUB WAY  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: HAVNAER, JANE  
Address: 5233 CLUB WAY  
City-St-Zip: STUART, FL 34997

Title: D  
Name: DOWNING, LYNN  
Address: 5173 CLUB WAY  
City-St-Zip: STUART, FL 34997

Title: D  
Name: MIELKE, PAUL  
Address: 5263 CLUB WAY  
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRY CHATFIELD

PRES

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date