
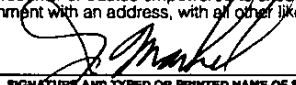


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90007 039 ****61.25

DOCUMENT # 756626							
1. Entity Name MARINER'S INLET CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 1801 GLENGARY STREET SARASOTA, FL 34231		Mailing Address 1801 GLENGARY STREET SARASOTA, FL 34231					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2267101 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
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				
PROGRESSIVE COMMUNITY MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231			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 reinstating) DATE</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	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SHEER, ROGER	NAME					
STREET ADDRESS	9042 MIDNIGHT PASS RD #2A	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP					
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VAN FLEET, GEORGE	NAME					
STREET ADDRESS	9042 MIDNIGHT PASS RD 1A	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP					
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MARKEL, JIM	NAME					
STREET ADDRESS	1801 GLENGARY ST	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP					
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SUTTON, WILLIAM	NAME					
STREET ADDRESS	1801 GLENGARY ST	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP					
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PACK, DAVID	NAME					
STREET ADDRESS	9042 MIDNIGHT PASS RD #18	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: 		JIM MARKEL		3/28/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 941-921-5393			