## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 757573**

FILED Jan 11, 2008 Secretary of State

Entity Name: MARINER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4220 GULF BLVD ST. PETERSBURG BEACH, FL 33706 **Current Mailing Address: New Mailing Address:** 4220 GULF BLVD ST. PETERSBURG BEACH, FL 33706 FEI Number: 59-2110906 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONGO, ANTONIO FAULCONER, SANDY 34938 DOUBLE EAGLE CT 1964 SAN SILVESTRO DR VENICE, FL 34285 US ZEPHYRHILLS, FL 33541 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: SANDY FAULCONER 01/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CORCORAN, ROBERT Name: Name: 5314 10TH AVE S Address: Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: Title: SD () Delete Title: () Change () Addition CIFONE, LINDA Name: Name: Address: 26 BROOKDALE DR Address: City-St-Zip: NEW BRITAIN, PA 33541 City-St-Zip: Title: VPD () Delete Title: PD (X) Change ( ) Addition FAULCONER, SANDY Name: FAULCONER, SANDY Name: 34938 DOUBLE EAGLE CT Address: 34938 DOUBLE EAGLE CT Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541 () Change () Addition Title: TD ( ) Delete Title: Name: SCALIA, LARRY Name: 27 SEA BREEZE LANE Address: Address: City-St-Zip: BRISTOL, RI 02809 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LONGO, ANTONIO LONGO, ANTONIO Name: Name: 1964 SAN SILVESTRO DR 1964 SAN SILVESTRO DR Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDY FAULCONER PRES 01/11/2008