

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760256

FILED
Mar 11, 2007
Secretary of State

Entity Name: MARINER POINT YACHT CLUB, INC.

Current Principal Place of Business:

5015 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

5015 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

11715 SEAWARD COURT
JACKSONVILLE, FL 32225

FEI Number: 59-2201914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN, BRUNDAGE
5046 MARINER PT DR
JACKSONVILLE, FL 32225 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: T/D () Delete
Name: WILLIAMS, DENNIS R
Address: 11715 SEAWARD COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/D () Delete
Name: KURTZ, BASCOM
Address: 4941 MARINER POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S/D () Delete
Name: IMHOFF, DAVID
Address: 4952 WHITE BLUFF DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: P/D () Delete
Name: BRUNDAGE, JOHN
Address: 5046 MARINER PT DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: SCIABARASI, PHILLIP
Address: 11728 SEAVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WILLINGHAM, MARK
Address: 4839 MARINER POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: WILLIAMS, DENNIS R
Address: 11715 SEAWARD COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: T/D (X) Change () Addition
Name: RYAN, ANNE
Address: 11715 SEAWARD COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNE RYAN

T/D

03/11/2007

Electronic Signature of Signing Officer or Director

Date