2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767299

FILED Jun 28, 2005 Secretary of State

Entity Name: MAINSAIL OWNERS ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
I 14 MAINS DESTIN, F	SAIL DRIVE FL 32550 US	
Current M	lailing Address:	New Mailing Address:
I14 MAINS DESTIN, F	SAIL DRIVE EL 32550 US	
n accordan	: 59-2331945 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the corporation of	did not receive the prior notice.
lame and	Address of Current Registered Agen	t: Name and Address of New Registered Agent:
114 MAINS DESTIN, F	FL 32550 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
)FFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
itle:	P () Delete	Title: () Change () Addition
lame: \ddress:	ADAMS, CHARLES P, JR, . 123 OVERLOOK POINTE DR RIDGELAND, MS 39157	Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Fitle: Name: Address:	123 OVERLOOK POINTE DR	Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	123 OVERLOOK POINTE DR RIDGELAND, MS 39157 AS () Delete CHUMLEY, JACK D 78 CUTTER LANE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	123 OVERLOOK POINTE DR RIDGELAND, MS 39157 AS () Delete CHUMLEY, JACK D 78 CUTTER LANE SHALIMAR, FL 32579 D () Delete CLOSE, SUZANNE 103 MOUNTAIN PARK RD	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
lame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Title: Iame: Address: City-St-Zip: Address: Address:	123 OVERLOOK POINTE DR RIDGELAND, MS 39157 AS () Delete CHUMLEY, JACK D 78 CUTTER LANE SHALIMAR, FL 32579 D () Delete CLOSE, SUZANNE 103 MOUNTAIN PARK RD ROSWELL, GA 30075 TD () Delete HARMON, JEFFERY L 4188 WINDING WAY	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 Section 119.07(3)(i), 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: JACK D. CHUMLEY AS 06/28/2005