2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767299

FILED Mar 11, 2009 Secretary of State

Entity Name: MAINSAIL OWNERS ASSOCIATION, INC.

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Current Principal Place of Business:				New Principal Place of Business:			
114 MAINS DESTIN, FI		US					
Current Mailing Address:				New Mailing Address:			
114 MAINS DESTIN, FI		US					
FEI Number:	59-2331945	FEI Number Appli	ied For () FEI Nu	mber Not Appli	icable ()	Certificate of	Status Desired (X)
Name and	Address o	f Current Registere	ed Agent:	Name and	Address of	New Register	ed Agent:
GREGORY 3804 MIST DESTIN, FL	Ý WAY	US		GREGORY 114 MAINS DESTIN, FI	AIL DRIVE	US	
The above in the State	named entit of Florida.	ty submits this stater	ment for the purpose o	of changing it	ts registered	office or registe	ered agent, or both,
SIGNATURE:						03/11/	2009
	Electr	ronic Signature of Re	egistered Agent			Date	
OFFICERS	AND DIRE	ECTORS:		ADDITION	S/CHANGE	S TO OFFICER	RS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P BLAIR, JR., 3849 SWALI MARIETTA, (LOW CT.		Title: Name: Address: City-St-Zip:	(()Change ()Add	dition
Title: Name: Address: City-St-Zip:	AS GREGORT, 3804 MISTY DESTIN, FL	WAY		Title: Name: Address: City-St-Zip:	(()Change ()Add	dition
Title: Name: Address: City-St-Zip:	CLOSE, SUZ	AIN PARK RD		Title: Name: Address: City-St-Zip:	(() Change() Add	dition
Title: Name: Address: City-St-Zip:	HARMON, JE 4188 WINDI			Title: Name: Address: City-St-Zip:	(() Change() Add	dition
Title: Name: Address: City-St-Zip:	PHILLIPS, G 526 MIDWA			Title: Name: Address: City-St-Zip:	SD (PHILLIPS, GE 526 MIDWAY BRENTWOOL	CR.	dition
Title: Name: Address: City-St-Zip:	BLEIFER, CA 4381 LEMP			Title: Name: Address: City-St-Zip:	EDWARD, RU 664 WOODL	(X) Change () Adi JPP W AND BAYOU DRIV A BEACH, FL 3248	E

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: GREGORY S. SMITH AS 03/11/2009