

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 01, 2008
Secretary of State

DOCUMENT# 769332

Entity Name: FAIRWAYS AT MARINER SANDS ASSOCIATION, INC.**Current Principal Place of Business:**2074 W INDIANTOWN RD, SUITE 200
JUPITER, FL 334568723**New Principal Place of Business:**2074 W INDIANTOWN RD.
SUITE 200
JUPITER, FL 334568723**Current Mailing Address:**2074 W INDIANTOWN RD, SUITE 200
JUPITER, FL 334568723**New Mailing Address:**2074 W INDIANTOWN RD,
SUITE 200
JUPITER, FL 334568723**FEI Number:** 59-2314947**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:**MOLLENGARDEN, PETER C ESQ.
250 AUSTRALIAN AVE. SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 US

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: PETER C. MOLLENGARDEN, ESQ.

12/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S () Delete
Name: MULROY, RICHARD
Address: 6500 MARINER SANDS DR
City-St-Zip: STUART, FL 34997

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

Title: P () Delete
Name: DONOVAN, THOMAS
Address: 6500 MARINER SANDS DR
City-St-Zip: STUART, FL 34997

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

Title: V () Delete
Name: DONNELLY, MARTHA
Address: 6500 MARINER SANDS DR
City-St-Zip: STUART, FL 34497

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

Title: TR () Delete
Name: GOULD, JAMES
Address: 6500 MARINER SANDS DR
City-St-Zip: STUART, FL 349978723

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

Title: D () Delete
Name: KRAWTHOFF, PHILIP
Address: 6500 MARINER SANDS DR.
City-St-Zip: STUART, FL 34997

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

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: THOMAS DONOVAN

P

12/01/2008

Electronic Signature of Signing Officer or Director

Date