

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90408 033 \*\*\*\*61.25

<b>DOCUMENT # N07000000534</b>					
<b>1. Entity Name</b> MARINER SANDS CHARITY CLASSIC, INC.					
<b>Principal Place of Business</b> 6497 SE BALTUSROL TERR. STUART, FL 34997			<b>Mailing Address</b> 6497 SE BALTUSROL TERR. STUART, FL 34997		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-8256527				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GY CORPORATE SERVICES, INC. 777 S. FLAGLER DR., SUITE 500 E. W. PALM BCH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL    Zip Code</div>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D OSTROFSKY, BERNIE 6497 SE BALTUSROL TERR. STUART, FL 34997 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D COTTER, MAUREEN 6497 SE BALTUSROL TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete		PETER GARGALOFF 6497 SE BALTUSROL TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D CARDER, BJ 6497 SE BALTUSROL TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete		MURPHY MOORE (Same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D CARDER, TERRY 6497 SE BALTUSROL TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete		RANDALL McANDREWS (Same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D MOORE, SALLY 6497 SE BALTUSROL TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete		NANCY MOLDIN (Same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D RONSHAGEN, BOBBIE 6497 SE BALTUSROL TERR. STUART, FL 34997	<input checked="" type="checkbox"/> Delete		MOLLY HOFFMAN (Same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Leigh W. Schmalz</u> <u>4/23/08</u> <u>772-288-5054</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					