

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000534

FILED
Apr 24, 2009
Secretary of State

Entity Name: MARINER SANDS CHARITY CLASSIC, INC.

Current Principal Place of Business:

6497 SE BALTUSROL TERR.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6497 SE BALTUSROL TERR.
STUART, FL 34997

New Mailing Address:

FEI Number: 20-8256527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DR., SUITE 500 E.
W. PALM BCH, FL 33401 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: D () Delete
Name: OSTROFSKY, BERNIE
Address: 6497 SE BALTUSROL TERR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: GANGLOFF, PETER
Address: 6497 SE BALTUSROL TERR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MOORE, MURPHY
Address: 6497 SE BALTUSROL TERR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MCANDREWS, RANDELL
Address: 6497 SE BALTUSROL TERR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MOLDIN, NANCY
Address: 6497 SE BALTUSROL TERR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: HOFFMAN, MOLLY
Address: 6497 SE BALTUSROL TERR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: PAT, GANGLOFF
Address: 6497 SE BALTUSROL TERR.
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: LEIGH W. SCHMALZ

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date