

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09783

FILED  
Jul 19, 2006  
Secretary of State

**Entity Name:** MARINERS' VILLAGE MASTER PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4524 CURRY FORD RD  
PMB 549  
ORLANDO, FL 328122711 US

**New Principal Place of Business:**

**Current Mailing Address:**

4524 CURRY FORD RD  
PMB 549  
ORLANDO, FL 328122711 US

**New Mailing Address:**

**FEI Number:** 59-2588990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PHILLIPS, BRUCE  
P.O. BOX 560144  
ORLANDO, FL 32856 US

**Name and Address of New Registered Agent:**

PHILLIPS, BRUCE  
2581 SKIF DR  
ORLANDO, FL 32812 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: BRUCE W. PHILLIPS

07/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHILLIPS, BRUCE W  
Address: 6277 SEA HARBOR DR - 6TH FL  
City-St-Zip: ORLANDO, FL 32887

Title: VD ( ) Delete  
Name: NEWSOME, RON  
Address: 2524 SKIF DR  
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete  
Name: NEWSOME, RON  
Address: 2524 SKIF DR  
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete  
Name: HAMILTON, ROBERT  
Address: 4700-9 BUGGY WHIP LN  
City-St-Zip: ORLANDO, FL 32812

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

Title: PD (X) Change ( ) Addition  
Name: PHILLIPS, BRUCE W  
Address: 2581 SKIF DR  
City-St-Zip: ORLANDO, FL 32812

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 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: BRUCE W. PHILLIPS

PD

07/19/2006

Electronic Signature of Signing Officer or Director

Date