2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N09783

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 ( )**

Name and Address of Current Registered Agent:

PHILLIPS, BRUCE
2581 SKIF DR
ORLANDO, FL 32812 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:	PD	( ) Delete
Name:	PHILLIPS, BRUCE W	
Address:	2581 SKIF DR	
City-St-Zip:	ORLANDO, FL 32812	
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:	RIGHTS, BARBARA	
Address:	5299 BONAIRRE BLVD	
City-St-Zip:	ORLANDO, FL 32812	

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:	

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: BRUCE W. PHILLIPS PD 03/08/2009

Electronic Signature of Signing Officer or Director — Date