## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15418

FILED Apr 17, 2008 Secretary of State

Entity Name: MARINER POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4826 MARINER POINT DR.

JACKSONVILLE, FL 32225 US

5054 MARINER POINT DR.

JACKSONVILLE, FL 32225 US

JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

4826 MARINER POINT DR.

JACKSONVILLE, FL 32225 US

5054 MARINER POINT DR.

JACKSONVILLE, FL 32225 US

FEI Number: 59-2642966 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:

MARY, ROOT J GORDON, AMIDON E
4826 MARINERS POINT DRIVE 5054 MARINER POINT DRIVE
JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 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: GORDON E AMIDON 04/17/2008

GORDON E AMIDON 04/17/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: BAILEY, DAVID Name: RETHERFORD, BOB
Address: 4900 MARINER POINT DR

Address: 4920 MARINER POINT DR. Address: 4944 MARINER POINT DR. City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WEBER, MARY
 Name:

 Address:
 11705 WHITE BLUFF DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

 $\label{eq:title:title:S} {\sf XVP} \qquad (\ ) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \ {\sf Change} \ (\ ) \ {\sf Addition}$ 

 Name:
 FINGER, BILL
 Name:
 SHAFTER, NANCY

 Address:
 4917 MARINER POINT DR.
 Address:
 4925 MARINER POINT DR.

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 ROOT, MARY J
 Name:
 AMIDON, GORDON E

 Address:
 4826 MARINERS POINT DRIVE
 Address:
 5054 MARINER POINT DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: S ( ) Delete Title: SOC (X) Change ( ) Addition

Name: SHAFTER, NANCY Name: SCHNORR, VICKIE

Address: 4925 MARINERS POINT DRIVE Address: 5051 MARINERS POINT DRIVE City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: SOC ( ) Delete Title: MEM (X) Change ( ) Addition

 Name:
 BAILEY, SHIRLEY
 Name:
 SMITH, JUDY

 Address:
 4920 MARINER POINT DR
 Address:
 11720 SEAVIEW DR

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

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: GORDON E AMIDON TD 04/17/2008