2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N15418

Entity Name: MARINER POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5054 MARINER POINT DR.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

5054 MARINER POINT DR.
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2642966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, AMIDON E
5054 MARINER POINT DRIVE
JACKSONVILLE, FL 32225 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:	RETHERFORD, BOB	
Address:	4944 MARINER POINT DR.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	VPD	( ) Delete
Name:	WEBER, MARY	
Address:	11705 WHITE BLUFF DR	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S	( ) Delete
Name:	SHAFTER, NANCY	
Address:	4925 MARINER POINT DR.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	TD	( ) Delete
Name:	AMIDON, GORDON E	
Address:	5054 MARINER POINT DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SOC	( ) Delete
Name:	SCHNORR, VICKIE	
Address:	5051 MARINERS POINT DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	MEM	( ) Delete
Name:	SMITH, JUDY	
Address:	11720 SEAVIEW DR	
City-St-Zip:	JACKSONVILLE, FL 32225	

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:	( ) 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: GORDON E. AMIDON TD 04/24/2009
Electronic Signature of Signing Officer or Director — Date