2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N29613

Entity Name: MARINER VILLAGE SQUARE ASSOCIATION, INC.

Current Principal Place of Business:

7601 SW LAST RIVER RD
STUART, FL 34997 US

New Principal Place of Business:

7601 SW LOST RIVER RD
STUART, FL 34997 US

Current Mailing Address:

7601 SW LAST RIVER RD
SUITE 203
STUART, FL 34997 US

New Mailing Address:

7601 SW LOST RIVER RD
SUITE 203
STUART, FL 34997 US

FEI Number: 65-0249462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN TABOR & ASSOCIATES
7601 SW LAST RIVER RD
STUART, FL 34997 US

Name and Address of New Registered Agent:

MARTIN TABOR & ASSOCIATES
7601 SW LOST RIVER RD
STUART, FL 34997 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: MARTIN TABOR & ASSOCIATES 04/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TABOR, MARTIN A.,
Address: 7601 SW LAST RIVER RD
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: RAMOS, OSIRIS,
Address: 7601 SW LAST RIVER RD
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: TABOR, ABBY
Address: 7601 SW LAST RIVER RD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TABOR, MARTIN A.,
Address: 7601 SW LOST RIVER RD
City-St-Zip: STUART, FL 34997

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: 7601 SW LOST RIVER RD PD 04/26/2007
Electronic Signature of Signing Officer or Director Date