


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90038 041 ****61.25

DOCUMENT # N33296 1. Entity Name MAINSAIL COMMONS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2632 MARCO ISLAND, FL 34146			Mailing Address P.O. BOX 2632 MARCO ISLAND, FL 34146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0131482	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent			
GRUESEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JIM 1015 MAINSAIL DR #105 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, WILLIAM 1025 MAINSAIL DR. #201 NAPLES, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/>	SD SHAY, ED 1375 MANSAIL DR # 1701 NAPLES, FL 34114	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/>	PD NELSON, CHUCK 1305 MAINSAIL DR #1001 NAPLES, FL 34114	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/>	TD NOBLE, ROBERT 1325 MAINSAIL DR #1301 NAPLES, FL 34114	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles T. Nelson, Pres.</u>		Date: <u>4/9/07</u>		Daytime Phone #: <u>234389 5404</u>	
Charles T. Nelson, Pres.					

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