2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41399

FILED Feb 26, 2008 Secretary of State

Entity Name: THE FORT LAUDERDALE MARINERS CLUB, INC.

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

1300 S. E. 17TH STREET SUITE 220

FORT LAUDERDALE, FL 33316 US

New Mailing Address: Current Mailing Address:

P.O. BOX 21750 P.O. BOX 21750

FT LAUDERDALE, FL 33335 US FT LAUDERDALE, FL 33335 US

FEI Number: 65-0286171 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:

KATHLEEN, MCGOWAN 1151 NW 89 AVENUE PLANTATION, FL 33322

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:

Date

Electronic Signature of Registered Agent

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P/S (X) Change () Addition () Delete MCGOWAN, KATHLEEN JOHNSON, WILLIAM Name: Name: 530 N.W. 78TH WAY Address: 1600 W. COMMERCIAL BLVD Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: FORT LAUDERDALE, FL 33309

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

Name: CHAMBERS, NANCY Name: CHAMBERS, NANCY Address: 2312 S. ANDREWS AVE. Address: 2312 S. ANDREWS AVE.

City-St-Zip: FT. LAUDERDALE, FL 33316 US City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: () Delete Title: (X) Change () Addition LINDSAY, DONALD Name: SHERROD, LAURA Name:

Address: Address:

5900 N. ANDREWS AVE., STE 400 505 S.W. 14TH CT. City-St-Zip: FT. LAUDERDALE, FL 33315 US City-St-Zip: FT. LAUDERDALE, FL 33309 US

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: NANCY A. CHAMBERS S/P 02/26/2008