2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N96000000531

Entity Name: MARINER'S PASS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4025 CAPE COLE BLVD
PUNTA GORDA, FL 33955 US

New Principal Place of Business:

Current Mailing Address:

6025 TAYLOR RD
#2
PUNTA GORDA, FL 33950 US

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

FEI Number: 59-3394933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD
#2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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: _____ 02/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: FRENCH, BAYARD
Address: 4013 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: P ( ) Delete
Name: WRIGHT, FREDERICK
Address: 4025 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: VP ( ) Delete
Name: CHANT, RICHARD
Address: 3881 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: S ( ) Delete
Name: HOWARD, SANDY
Address: 4053 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete
Name: VANDERWERF, MARY ANN
Address: 3933 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

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:

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: FREDERICK M. WRIGHT P 02/17/2009
Electronic Signature of Signing Officer or Director — Date