

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 30, 2012
Secretary of State

DOCUMENT# N96000003966

Entity Name: MARINER'S COVE HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.**Current Principal Place of Business:**C/O INTEGRATED PROPERTY MGMT.
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103 US**New Principal Place of Business:**C/O GULF BREEZE MANAGEMENT SERVICES, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US**Current Mailing Address:**C/O INTEGRATED PROPERTY MGMT.
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103 US**New Mailing Address:**C/O GULF BREEZE MANAGEMENT SERVICES, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-0706452**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOEDE & ADAMCZYK
8950 FONTANA DEL SOL WAY
SUITE 100
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**WEIDNER, RALPH L
%GULF BREEZE MANAGEMENT SERVICES, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 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: RALPH L. WEIDNER

08/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2VD
Name: EAGY, GERALD JR
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD
Name: BROWN, JOSEPH
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD
Name: HUFFMAN, CHARLENE
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD
Name: MORRIS, PRISCILLA
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: 1VD
Name: LYBARGER, MIKE
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: BENNETT, ROGER
Address: 8910 TERRENE COURT, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH BROWN

PRES

08/30/2012

Electronic Signature of Signing Officer or Director

Date