2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002124

FILED Jan 10, 2009 Secretary of State

Entity Name: MARINERS LANDING TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11350 66TH STREET N SUITE 124 LARGO, FL 33773 **New Mailing Address: Current Mailing Address:** 11350 66TH STREET N SUITE 124 LARGO, FL 33773 US FEI Number: 59-3467032 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: HOLIDAY ISLES PROPERTY MGMT., INC. 11350 66TH STREET N SUITE 124 LARGO, FL 33773 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BLACK, ONDA JUDGE, JOE Name: Name: 1117 PINELLAS BAYWAY S #305 Address: 1117 PINELLAS BAYWAY S #105 Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip: TIERRA VERDE, FL 33715 Title: () Delete Title: () Change () Addition INGRAM, JOHN Name: Name: Address: 1117 PINELLAS BAYWAY #203 Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition ERNEST, KASSOFF ERNEST, KASSOFF Name: Name: 1117 PINELLAS BAYWAY S, # 403 1117 PINELLAS BAYWAY S, # 403 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip: TIERRA VERDE, FL 33715 Title: PD () Delete Title: () Change () Addition STRINGFELLOW, ROY Name: Name: Address: 1117 PINELLAS BAYWAY S #104 Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip: Title: () Delete Title: () Change () Addition BLACK, STEVE Name: Name: 1117 PINELLAS BAYWAY S. #305 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 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: ROY STRINGFELLOW PD 01/10/2009