


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90170 007 ***150.00

DOCUMENT # P0000063488

1. Entity Name
MARINER'S CLUB KEY LARGO, INC.



Principal Place of Business
**97501 OVERSEAS HIGHWAY
 KEY LARGO, FL 33037 US**

Mailing Address
**2250 AVENIDA DEL VERA
 NORTH FORT MYERS, FL 33917 US**

2. Principal Place of Business
**12800 UNIVERSITY DR
 SUITE, Apt. #, etc.
 SUITE 400
 City & State
FORT MYERS, FL**

3. Mailing Address
**12800 UNIVERSITY DR
 SUITE, Apt. #, etc.
 SUITE 400
 City & State
FORT MYERS, FL**

4. FEI Number
65-1021074

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CALLAHAN, W SCOTT
 37 NORTH ORANGE AVE
 SUITE 200
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

03152004 Chg-P CR2E034 (10/03)

Applied For
 Not Applicable

Zip Country Zip Country
33907 USA 33907 USA

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, MICHAEL E 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12800 University Dr., Ste 400 Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DAVE 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12800 University Dr., Ste 400 Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORDELLO, DOUG 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12800 University Dr., Ste 400 Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *[Signature]* **4/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____