

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007907

Entity Name: MARINER'S POINTE I.S.C.A, INC.

Current Principal Place of Business:

19829 GULF BOULEVARD
INDIAN SHORES, FL 33785

Current Mailing Address:

C/O S/3 CONSULTING GROUP LLC
19534 GULF BLVD #202
INDIAN SHORES, FL 33785 US

FEI Number: 59-3756009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
C/O S/3 CONSULTING GROUP, LLC
19534 GULF BLVD # 202
INDIAN SHORES, FL 33785 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

Officer/Director Detail :

Title	PD
Name	BRAKE, DAVID A
Address	19829 GULF BLVD. #104
City-State-Zip:	INDIAN SHORES FL 33785
Title	VD
Name	GLENN, DARRYL T
Address	6980 HIDDEN OAKS CIRCLE
City-State-Zip:	CLEARWATER FL 33764
Title	VD
Name	JACKSON, STEVE
Address	19829 GULF BLVD. 209
City-State-Zip:	INDIAN SHORES FL 33785

Title	TD
Name	BRADY, ROBERT
Address	19829 GULF BLVD # 702
City-State-Zip:	INDIAN SHORES FL 33785
Title	SD
Name	SCHEAR, LARRY
Address	19829 GULF BLVD #502
City-State-Zip:	INDIAN SHORES FL 33785

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: DAVID BRAKE

PRESIDENT & DIRECTOR 03/29/2014

Electronic Signature of Signing Officer/Director Detail

Date