

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000534

Entity Name: MARINER SANDS CHARITY WEEK, INC.**Current Principal Place of Business:**6500 MARINER SANDS DRIVE
STUART, FL 34997**Current Mailing Address:**6500 MARINER SANDS DRIVE
STUART, FL 34997**FEI Number:** 20-8256527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GY CORPORATE SERVICES, INC.
777 S. FLAGLER DR.,
SUITE 500 E
W. PALM BCH, FL 33401 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	D
Name	BENDER, EWALD
Address	6500 MARINER SANDS DRIVE
City-State-Zip:	STUART FL 34997

Title	D
Name	MCGOWAN, JOHN
Address	6500 MARINER SANDS DRIVE
City-State-Zip:	STUART FL 34997

Title	D
Name	MCDONALD, MARY
Address	6500 MARINER SANDS DRIVE
City-State-Zip:	STUART FL 34997

Title	D
Name	WILLIAMS, DOUG
Address	6500 MARINER SANDS DRIVE.
City-State-Zip:	STUART FL 34997

Title	D
Name	VAN CURA, RAY
Address	6500 MARINER SANDS DRIVE
City-State-Zip:	STUART FL 34997

Title	D
Name	SCHMALZ, LEIGH
Address	6500 MARINER SANDS DRIVE
City-State-Zip:	STUART FL 34997

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: EWALD BENDER**TREASURER****01/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date