


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004350					
1. Entity Name MARINERS OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 105 E. GREGORY SQ. PENSACOLA FL 32501			Mailing Address 105 E. GREGORY SQ. PENSACOLA FL 32501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0577458	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHIBBS, VINCENT J JR. 105 E. GREGORY SQ. PENSACOLA FL 32501			7. Name and Address of New Registered Agent		
Name			Street Address (P. O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUSCHANY, T.R.		NAME		
STREET ADDRESS	3135 SEAFARERS WAY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUBER, TOM		NAME		
STREET ADDRESS	3148 SCFARENS WAY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, CHARLES		NAME		
STREET ADDRESS	3102 SEAFARENS WAY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUSCHANY, NINA Z		NAME		
STREET ADDRESS	3135 SEAFARENS WAY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL 32526		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 617, 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: *Nina Z Muschany* NINA Z MUSCHANY 2/23/05 850-458-2852



1st MOORE CR2E037 (10/04)

Applied For
Not Applicable

FL

42728-06 Change Addition
02/28/05-60055-019 61.25

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02/28/05-60055-019 61.25