


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90004 039 ****61.25

DOCUMENT # N04000004762

1. Entity Name
THE MARSEILLES CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business
**POST OFFICE BOX 511
 ORANGE BEACH, AL 36561**

Mailing Address
**POST OFFICE BOX 511
 ORANGE BEACH, AL 36561**

2. Principal Place of Business
16549 Perdido Key Dr

3. Mailing Address
PO BOX 34065

Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola FL

Zip
32507

Country
SEAMBIYA

Zip
32507

Country
SEAMBIYA



6. Name and Address of Current Registered Agent
**CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST.
 STE. 1
 TALLAHASSEE, FL 32301-1283**

7. Name and Address of New Registered Agent

Name
CREATIVE Property MGMT

Street Address (P.O. Box Number is Not Acceptable)
6200 DON CARLOS DR

Deborah Waters

City
Pensacola

State
FL

Zip Code
32507

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 **Deborah Waters** *Deborah Waters*

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

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JACKSON G	
STREET ADDRESS	POST OFFICE BOX 511	
CITY-ST-ZIP	ORANGE BEACH, AL 36561	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOR, EDWARD	
STREET ADDRESS	4525 ACADIA COVE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOR, ROBERT B	
STREET ADDRESS	1771 INDEPENDENCE COURT SUITE A	
CITY-ST-ZIP	BIRMINGHAM, AL 35216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(j), 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: **JACKSON G. SMITH** *Jackson G. Smith* **850.492.8189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-10-05** Daytime Phone #