


# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004762			
1. Entity Name THE MARSEILLES CONDOMINIUM OWNERS ASSOCIATION, INC.			
Principal Place of Business 16549 PERDIDE KEY DRIVE PENSACOLA, FL 32507		Mailing Address POST OFFICE BOX 34065 PENSACOLA, FL 32507	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
09 JAN -6 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-1227572

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CREATIVE PROPERTY MANAGEMENT- 6200 DON CARLOS DRIVE PENSACOLA, FL 32507		Name GRACE K. ERIS	
		Street Address (P.O. Box Number is Not Acceptable) Aquatic Realty 14508 Perdido Key Drive	
		City PENSACOLA, 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 GRACE K. ERIS Grace K. Eris DATE \_\_\_\_\_

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

10. Amended AR is \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDANIEL, ANNE 3636 PEACHTREE RD #205 ATLANTA, GA 30319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400139773984 01/06/09--01090--023 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President, Director</del> JONES, JAMES R P O BOX 594 FLOMATON, AL 36441 <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	D MOORE, ROBBIE L JR 127 JONESBORO RD JONESBORO, GA 30236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AS 1/14
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, CHARLES C 2825 CANTERBURY RD BIRMINGHAM, AL 35223 <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	<del>V. President, Director</del> DIXON, PAUL E 1106 HIGHLAND LAKES CIRCLE BIRMINGHAM, AL 35242 <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 exemptions contained in Chapter 119, 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: Charles C. Clark CHARLES C. CLARK 9/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #