

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2010
Secretary of State

Entity Name: THE MARSEILLES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16549 PERDIDE KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

16549 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

P.O. BOX 34423
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-1227572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIS, GRACE K
14508 PERDIDO KEY DRIVE
AQUATIC REALTY
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD
Name: MCDANIEL, ANNE
Address: 3636 PEACHTREE RD #205
City-St-Zip: ATLANTA, GA 30319

Title: PD
Name: JONES, JAMES R
Address: P O BOX 594
City-St-Zip: FLOMATON, AL 36441

Title: D
Name: MOORE, ROBBIE L JR
Address: 127 JONESBORO RD
City-St-Zip: JONESBORO, GA 30236

Title: VP
Name: WILKINSON, ROBERT
Address: 127 JONESBORO ROAD
City-St-Zip: JONESBORO, GA 39567

Title: SD
Name: DIXON, WILLIAM E
Address: 1106 HIGHLAND LAKES CIRCLE
City-St-Zip: BIRMINGHAM, AL 35242

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: GRACE K. ERIS

RA

03/08/2010

Electronic Signature of Signing Officer or Director

Date