

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004350

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC7038266440**

**Entity Name:** MARINERS OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

105 E. GREGORY SQ.  
PENSACOLA, FL 32501

**Current Mailing Address:**

3124 SEAFARERS WAY  
PENSACOLA, FL 32526 US

**FEI Number: 05-0577458**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WHIBBS, SUZANNE  
105 E GREGORY SQ  
PENSACOLA, FL 32506 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           PRESIDENT  
Name           WALLIS, PAUL MR.  
Address        3206 WINDJAMMER CT  
City-State-Zip: PENSACOLA FL 32526

Title           VP  
Name           WILLIAMS, FRANK  
Address        3188 WINDJAMMER CT  
City-State-Zip: PENSACOLA FL 32526

Title           T  
Name           KING, RHONDA  
Address        3124 SEAFARERS WAY  
City-State-Zip: PENSACOLA FL 32526

Title           BOARD MEMBER  
Name           GRAVES, GREG  
Address        3115 SEAFARERS WAY  
City-State-Zip: PENSACOLA FL 32526

Title           BOARD MEMBER  
Name           BRAZIER, URSULA  
Address        3113 WINDJAMMER CT  
City-State-Zip: PENSACOLA FL 32526

Title           BOARD MEMBER  
Name           OUTLAW, LORIA  
Address        3121 SEAFARERS WAY  
City-State-Zip: PENSACOLA FL 32526

*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: RHONDA KING

MISS

01/17/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date