## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004762

Entity Name: THE MARSEILLES CONDOMINIUM OWNERS ASSOCIATION,

INC.

**Current Principal Place of Business:** 

16549 PERDIDO KEY DRIVE PENSACOLA, FL 32507

**Current Mailing Address:** 

P.O. BOX 34423

PENSACOLA, FL 32507

FEI Number: 20-1227572 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERDIDO SAND REALTY, INC. 5615 BAUER ROAD PENSACOLA, FL 32507 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: TED JOHNSON 03/03/2016

> Electronic Signature of Registered Agent Date

> > Address

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name WILKINSON, ROBERT Name MCDANIEL, ANNE

Address 1209 LAKE AVENUE Address 3636 PEACHTREE RD NE

# 205

2825 CANTERBURY ROAD

City-State-Zip: PASCAGOULA MS 39567 City-State-Zip: ATLANTA GA 30319

Title **SECRETARY** Title **TREASURER** Name JONES, JAMES R

Name CLARK, CHARLES Address P.O. BOX 594

City-State-Zip: FLOMATON AL 36441 City-State-Zip: BIRMINGHAM AL 35223

Title DIRECTOR

Name LANASA, KIMBERLY 105 PLACE BEAU TRE Address MANDEVILLE LA 70471 City-State-Zip:

SIGNATURE: CHARLES CLARK

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.

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/03/2016 Date

**FILED** Mar 03, 2016

**Secretary of State** 

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