

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004762

Entity Name: THE MARSEILLES CONDOMINIUM OWNERS ASSOCIATION, INC.**FILED**
Mar 03, 2016
Secretary of State
CC8240780406**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

Officer/Director Detail :

Title	PRESIDENT
Name	WILKINSON, ROBERT
Address	1209 LAKE AVENUE
City-State-Zip:	PASCAGOULA MS 39567

Title	VP
Name	MCDANIEL, ANNE
Address	3636 PEACHTREE RD NE # 205
City-State-Zip:	ATLANTA GA 30319

Title	SECRETARY
Name	JONES, JAMES R
Address	P.O. BOX 594
City-State-Zip:	FLOMATON AL 36441

Title	TREASURER
Name	CLARK, CHARLES
Address	2825 CANTERBURY ROAD
City-State-Zip:	BIRMINGHAM AL 35223

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

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: CHARLES CLARK**TREASURER**

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date