

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004762

**FILED**  
**Jun 03, 2020**  
**Secretary of State**  
**4712279896CC**

**Entity Name:** THE MARSEILLES CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

EAST - 16547 PERDIDO KEY DRIVE  
WEST - 16549 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**Current Mailing Address:**

PO BOX 2995  
ORANGE BEACH, AL 36561 US

**FEI Number: 20-1227572**

**Certificate of Status Desired: Yes**

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

TIRRELL, WALTER J  
EAST - 16547 PERDIDO KEY DRIVE  
WEST - 16549 PERDIDO KEY DRIVE  
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:** WALTER J TIRRELL

06/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name DASPIT, RICHARD  
Address P.O. BOX 41402  
City-State-Zip: BATON ROUGE LA 70835

Title OFFICER  
Name GAMBLE, KEVIN  
Address 8520 BUSINESS PARK DRIVE  
City-State-Zip: SHREVEPORT LA 71105

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

Title SECRETARY  
Name SALLIS, CLIFFORD  
Address 4805 THORNWOOD DRIVE NW  
City-State-Zip: ACWORTH GA 30102

*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:** KIMBERLY LANASA

**PRESIDENT**

06/03/2020

Electronic Signature of Signing Officer/Director Detail

Date