# 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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Mailing Address:**

DOCUMENT# N0400004762

PO BOX 2995 ORANGE BEACH, AL 36561 US

# FEI Number: 20-1227572

#### 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.

WALTER J TIRRELL			06/03/2020
Electronic Signature of Registered Agent			Date
tor Detail :			
VP	Title	TREASURER	
WILKINSON, ROBERT	Name	DASPIT, RICHARD	
1209 LAKE AVENUE	Address	P.O. BOX 41402	
PASCAGOULA MS 39567	City-State-Zip:	BATON ROUGE LA 70835	
OFFICER	Title	PRESIDENT	
GAMBLE, KEVIN	Name	LANASA, KIMBERLY	
8520 BUSINESS PARK DRIVE	Address	105 PLACE BEAU TRE	
SHREVEPORT LA 71105	City-State-Zip:	MANDEVILLE LA 70471	
SECRETARY SALLIS, CLIFFORD 4805 THORNWOOD DRIVE NW ACWORTH GA 30102			
	Electronic Signature of Registered Agent <b>FOR Detail :</b> VP WILKINSON, ROBERT 1209 LAKE AVENUE PASCAGOULA MS 39567 OFFICER GAMBLE, KEVIN 8520 BUSINESS PARK DRIVE SHREVEPORT LA 71105 SECRETARY SALLIS, CLIFFORD 4805 THORNWOOD DRIVE NW	Electronic Signature of Registered Agent   or Detail :   VP Title   WILKINSON, ROBERT Name   1209 LAKE AVENUE Address   PASCAGOULA MS 39567 City-State-Zip:   OFFICER Title   GAMBLE, KEVIN Name   8520 BUSINESS PARK DRIVE Address   SHREVEPORT LA 71105 City-State-Zip:   SECRETARY SALLIS, CLIFFORD   4805 THORNWOOD DRIVE NW Magental	Electronic Signature of Registered Agent   or Detail :   VP Title TREASURER   WILKINSON, ROBERT Name DASPIT, RICHARD   1209 LAKE AVENUE Address P.O. BOX 41402   PASCAGOULA MS 39567 City-State-Zip: BATON ROUGE LA 70835   DFFICER Title PRESIDENT   GAMBLE, KEVIN Name LANASA, KIMBERLY   8520 BUSINESS PARK DRIVE Address 105 PLACE BEAU TRE   SHREVEPORT LA 71105 City-State-Zip: MANDEVILLE LA 70471   SECRETARY SALLIS, CLIFFORD 4805 THORNWOOD DRIVE NW

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.

PRESIDENT

### SIGNATURE: KIMBERLY LANASA

Electronic Signature of Signing Officer/Director Detail

FILED

Certificate of Status Desired: Yes

06/03/2020

Date