

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001625

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**6975814141CC**

**Entity Name:** THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

38 SOUTH BLUE ANGEL PARKWAY  
#136  
PENSACOLA, FL 32506

**Current Mailing Address:**

38 SOUTH BLUE ANGEL PARKWAY  
#136  
PENSACOLA, FL 32506 US

**FEI Number: 58-2385191**

**Certificate of Status Desired: No**

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

LIBERTY COMMUNITY MANAGEMENT  
38 SOUTH BLUE ANGEL PARKWAY  
#136  
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: RENEE WIND**

**04/30/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MORRIS, PRINCE  
Address        38 SOUTH BLUE ANGEL PARKWAY  
                  #136  
City-State-Zip: PENSACOLA FL 32506

Title           VICE-PRESIDENT  
Name           WATSON, ROY  
Address        38 SOUTH BLUE ANGEL PARKWAY  
                  #136  
City-State-Zip: PENSACOLA FL 32506

Title           SECRETARY  
Name           ABNEY, MARIE  
Address        38 SOUTH BLUE ANGEL PARKWAY  
                  #136  
City-State-Zip: PENSACOLA FL 32506

Title           TREASURER  
Name           STEVENS, JUANITA  
Address        38 SOUTH BLUE ANGEL PARKWAY  
                  #136  
City-State-Zip: PENSACOLA FL 32506

Title           MANAGER  
Name           WIND, RENEE  
Address        38 SOUTH BLUE ANGEL PARKWAY  
                  #136  
City-State-Zip: PENSACOLA FL 32506

*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: RENEE WIND**

**MANAGER**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date