

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728636

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** THE MARINER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16335 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

16335 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-1545895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAISER, LAWRENCE  
16335 PERIDO KEY DR  
PENSACOLA, FL 32507 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LICKFOLD, FRED  
Address: 16335 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete  
Name: WALKER, GAIL  
Address: 16735 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: PD ( ) Delete  
Name: DAYE, DONNIE  
Address: 16335 PERDIDO  
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete  
Name: DAVIS, BEN  
Address: 16335 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: HARTLEY, RICHARD  
Address: 16335 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete  
Name: HARRELL, C. MINER  
Address: 16335 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: LICKFOLD, SUSAN  
Address: 16335 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change ( ) Addition  
Name: BELL, JIMMY  
Address: 16735 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNIE DAYE

PD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date