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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741383** **(4)**

1. Corporation Name

MARINER EAST OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6211 THOMAS DRIVE PANAMA CITY BEACH FL 32408	6211 THOMAS DRIVE PANAMA CITY BEACH FL 32408-5652

3. Date Incorporated or Qualified: 01/19/1978
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27 — Same
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1847107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, GREG
2415 ROLLINS AVE.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name — Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Greg Johnson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, R.O.		1.2 NAME		
STREET ADDRESS	2413 6TH ST., W		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35215		1.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SEARIGHT, KATHERINE		2.2 NAME	Harold Dicou	
STREET ADDRESS	P.O. BOX 28197 N/A		2.3 STREET ADDRESS	1315 Treetop Trails	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411		2.4 CITY-ST-ZIP	Manchester, MO 63021	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SEEKINS, MADELEINE		3.2 NAME	Tracey Rhodes	
STREET ADDRESS	R.R. 14, BONE CREEK RD.		3.3 STREET ADDRESS	6211 Thomas Dr Unit 506	
CITY-ST-ZIP	MACON GA		3.4 CITY-ST-ZIP	Panama City, FL 32408	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GREG		4. 2 NAME		
STREET ADDRESS	2415 ROLLINS AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPROLES, W.L.		5.2 NAME		
STREET ADDRESS	5802 FOX LAIK		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38115		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCORMICK, PAT		6.2 NAME		
STREET ADDRESS	6211 THOMAS DR. #506		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Greg Johnson REQUIRED Greg Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0009701