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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741383**

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

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
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/19/1978

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

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

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

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 Ronda Holley
82 Street Address (P.O. Box Number is Not Acceptable) 6211 Thomas Dr
83 Office
84 City Panama City Bch FL 85 Zip Code 32408

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 Ronda Holley Manager DATE 1-13-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TERRELL, RON		2.2 NAME		
STREET ADDRESS	300 GRIFFEN MOUNTAIN TR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CONYERS GA 30208		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEEKINS, MADELINE		3.2 NAME		
STREET ADDRESS	3622 BONE CREED RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MACON GA 31211		3.4 CITY-ST-ZIP		
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	WARTHER, REYNOLD		5.2 NAME	Worthey, Reynold	
STREET ADDRESS	1465 STROUD RD		5.3 STREET ADDRESS	1465 Stroud Rd	
CITY-ST-ZIP	MCDONOUGH GA 32408		5.4 CITY-ST-ZIP	McDonough, GA 30252	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Ronda Holley Vice President 1-13-99 (850) 234-9468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #