2000 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
May 01, 2000 8:00 am
Secretary of State
02-05-2000 90049 034 ****61.25

DOCUMENT # 741383

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

HOLLEY, RONDA
6211 THOMAS DRIVE
PANAMA CITY FL 32408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) N/A

City **FL** Zip Code

8. 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 [signature] 3/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, R.O. 2413 6TH ST., W BIRMINGHAM AL 35215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRELL, RON 300 GRIFFEN MOUNTAIN TR CONYERS GA 30208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, GLENDA 2010 TOWN LAKE HILL WEST WOODSTOCK, GA 30189 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEEKINS, MADELINE 3622 BONE CREED RD MACON GA 31211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMM, ALAN 527 RIVEREDGE PARKWAY DOTHAL, AL 36303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, GREG 2415 ROLLINS AVE. PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEARIGHT, KATHRYN 400 GROVELAND AVE - APT #113 MINNEAPOLIS, MN 55403 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORTHY, REYNOLD 1465 STROUD RD MCDONOUGH GA 30252	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, ANN 13038 WEST 65TH AVE ARVADA, CO 80004 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 3/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #