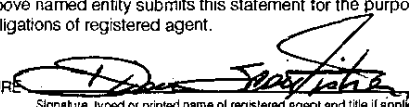
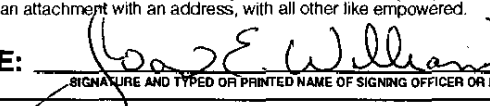


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90006 032 ****61.25

DOCUMENT # 741383 1. Entity Name MARINER EAST OWNERS ASSOCIATION, INC.					
Principal Place of Business 6211 THOMAS DRIVE PANAMA CITY BEACH, FL 32408				Mailing Address 6211 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 59-1847107	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAOY, JANGO W. 6211 THOMAS DRIVE PANAMA CITY, FL 32408				7. Name and Address of New Registered Agent Name FISHER, DION SCOTT Street Address (P.O. Box Number is Not Acceptable) 6211 THOMAS DRIVE City PANAMA CITY BEACH FL 32408	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				CAM - GENERAL MANAGER DATE 1/18/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, JAMES 1254 WESTGATE PKWY DOTHAN, AL 36303	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJARY, AVIVA 726 BANKERS COVE RD PANAMA CITY, FL 32401	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JOAN 6211 THOMAS DR BOX 208 PANAMA CITY, FL 32408	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMM, ALAN 527 RIVEREDGE PARKWAY DOTHAN, AL 36303	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNESON, JOANN 302 CREEKSIDE DR LEESBURG, GA 31763	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				JOAN WILLIAMS SECRETARY DATE 1/18/04 (850) 234-6774 Date Daytime Phone #	

54018069



01062004 Chg-NP CR2E037 (10/03)