

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90040 024 \*\*\*\*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**

**40012377**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1847107**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISHER, DION SCOTT  
6211 THOMAS DRIVE  
PANAMA CITY, FL 32408**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P                      | <input type="checkbox"/> Delete            |
| NAME           | GRANT, JAMES           |  |
| STREET ADDRESS | 1254 WESTGATE PKWY     |  |
| CITY-ST-ZIP    | DOTHAN, AL 36303       |  |
| TITLE          | V                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MALLARY, AVIVA         |  |
| STREET ADDRESS | 726 BANKERS COVE RD    |  |
| CITY-ST-ZIP    | PANAMA CITY, FL 32401  |  |
| TITLE          | S                      | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, JOAN         |  |
| STREET ADDRESS | 6211 THOMAS DR BOX 208 |  |
| CITY-ST-ZIP    | PANAMA CITY, FL 32408  |  |
| TITLE          | T                      | <input checked="" type="checkbox"/> Delete |
| NAME           | HAMM, ALAN             |  |
| STREET ADDRESS | 527 RIVEREDGE PARKWAY  |  |
| CITY-ST-ZIP    | DOTHAN, AL 36303       |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | ARNESON, JOANN         |  |
| STREET ADDRESS | 302 CREEKSIDE DR       |  |
| CITY-ST-ZIP    | LEESBURG, GA 31763     |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | V                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | J. SCOTT BONDROUX               |  |
| STREET ADDRESS | 604 38th STREET South           |  |
| CITY-ST-ZIP    | BIRMINGHAM, AL 35222            |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ralph E. PETERSON               |  |
| STREET ADDRESS | 4715 THOMAS DR. #710            |  |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32408-7339 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

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:

*Ralph E. Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph E. PETERSON**

Date **1/5/05** Daytime Phone # **(850) 233-7195**