

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90006 002 \*\*\*\*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**

**40030499**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**HESS, BRIAN  
9108 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ADAMS, MARCIA
STREET ADDRESS	6211 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	V
NAME	CHANDLER, LAMAR
STREET ADDRESS	6211 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	S
NAME	REYNOLDS, JOHN
STREET ADDRESS	277 HUNTCLIFF DR
CITY-ST-ZIP	OXFORD, AL 36203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *X Marcia Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_