2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #741383** 02-18-2008 90013 042 ****61.25 MARÍNER EAST OWNERS ASSOCIATION, INC. Principal Place of Business գրրբըսս Mailing Address **6211 THOMAS DRIVE 6211 THOMAS DRIVE** PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 CR2E037 (12/06) 4. FE! Number 59-1847107 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5.- Certificate of Status Desired: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ga G. tahs-Gielisse HESS, BRIAN Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 8406- R Panama City Beach Plewy Wity Beach 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 nam 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE TITLE ☐ Addition NAME ADAMS, MARCIA NAME 6211 THOMAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP Va. Delete TITLE TITLE ☐ Channe M Addition CHANDLER, LAMAR NAME NAME 6211 THOMAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP TITLE TITLE Valerie Farish REYNOLDS, JOHN NAME NAME 6211 Thomas Dr. # 507 Panama City Beach, FL STREET ADDRESS 277 HUNTCLIFF DR STREET ADDRESS CITY-ST-ZIP OXFORD AL 36203 CITY-ST-ZIP TITLE ☐ Delete TITLE DLyman Alexander 1423 Limestone Drive Ellettsville, IN 47429 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Ron Terrell 300 Griffen Monatain Trail NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oth

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED Feb 18, 2008 8:00 am

Daytime Phone #