2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90385 001 ****49.00
03-26-2003 90385 002 ****12.25

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~HOLLEY, RONDA~~ JAMES W. CADY 6211 THOMAS DRIVE PANAMA CITY FL 32408	Name AS ABOVE 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 James W. Cady 01/09/03
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 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 HOGAN, DON 2433 THOMAS DR #109 PANAMA CITY FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JOHN~~ AVIVA MALLARY 326 BUNKERS COVE RD PANAMA CITY FL 32404 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ SEC'Y 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	~~V~~ TREAS HAMM, ALAN 527 RIVEREDGE PARKWAY DOTHAN AL 36303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOANN ARNESON 302 CREEKSIDE DR. LEES BURG, GA 31763 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTE, MARK 9320 CLARENCE ST. PANAMA CITY BEACH FL 32407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: X SECRETARY/TREASURER 2/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #