

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90005 029 ****61.25

DOCUMENT # N03000004350



1. Entity Name
**MARINERS OAKS ESTATES HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business
**105 E. GREGORY SQ.
PENSACOLA, FL 32501**

Mailing Address
**105 E. GREGORY SQ.
PENSACOLA, FL 32501**

40055740



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
05-0577458

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

**WHIBBS, VINCENT J JR.
105 E. GREGORY SQ.
PENSACOLA, FL 32501**

Name
WHIBBS, SUZANNE N.
Street Address (P.O. Box Number is Not Acceptable)
105 E. GREGORY SQUARE
City
PENSACOLA FL Zip Code
32502

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/07

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

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	MUSCHANY, T.R.	
STREET ADDRESS	3135 SEAFARERS WAY	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALLIS, PAUL	
STREET ADDRESS	3206 WINDJAMMER CT	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUBER, ANGELA	
STREET ADDRESS	3148 SEAFARENS WAY	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	MYERS, ELIZABETH	
STREET ADDRESS	3200 WINDJAMMER CT	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSCHANY, T.R.	
STREET ADDRESS	3135 SEAFARERS WAY	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUCHAMP, MICHAEL	
STREET ADDRESS	3134 WINDJAMMER CT.	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

Elizabeth A. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

Date

850.393.3697

Daytime Phone #