

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003618

FILED
Apr 02, 2009
Secretary of State

Entity Name: MARINER'S VIEW CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

304 AVE F SOUTH
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

304 AVE F SOUTH
CARRABELLE, FL 32322

New Mailing Address:

45 JACK CRUM RD.
CRAWFORDVILLE, FL 32322

FEI Number: 20-3389693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PAUL
802 E 26TH STREET
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

WILLIAMS, PAUL
45 JACK CRUM RD.
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE:

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, PAUL
Address: 802 E 26 ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: V () Delete
Name: LANGSTON, GENE
Address: 802 E 26 ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD () Delete
Name: LINEBERGER, LEE
Address: 630 RICHMOND HILL DRIVE
City-St-Zip: MACON, GA 31210

Title: D () Delete
Name: HILBURN, RUSTY
Address: 100 WESLEY ANNE COURT
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAMS, PAUL
Address: 45 JACK CRUM RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V (X) Change () Addition
Name: LANGSTON, GENE
Address: 103 MARINE ST.
City-St-Zip: CARRABELLE, FL 32322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WILLIAMS

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date