2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# N22559

Entity Name: MARINER'S COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4900 E 4TH ST
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

4900 E 4TH ST
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 59-2908760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERRER, ANITA PRES
4900- 4TH ST.
UNIT E
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	THOMAS, MARI	
Address:	4900 E 4TH ST. UNIT C	
City-St-Zip:	PANAMA CITY, FL 32404 US	
Title:	D	( ) Delete
Name:	SARNO, LYNN	
Address:	4900 E 4TH ST., UNIT B	
City-St-Zip:	PANAMA CITY, FL 32404 US	
Title:	SD	( ) Delete
Name:	SHERRER, ANITA	
Address:	4900 E 4TH ST., UNIT E	
City-St-Zip:	PANAMA CITY, FL 32404 US	
Title:	D	( ) Delete
Name:	MCCONNELL, FRED	
Address:	4900 E 4TH ST., UNIT F	
City-St-Zip:	PANAMA CITY, FL 32404 US	
Title:	D	( ) Delete
Name:	GUY, JOHN	
Address:	4900 E 4TH ST. UNIT D	
City-St-Zip:	PANAMA CITY, FL 32404 US	
Title:	D	( ) Delete
Name:	SARNO, JOHN	
Address:	4900 E 4TH ST. LOT	
City-St-Zip:	PANAMA CITY, FL 32404 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ANITA SHERRER PRES 03/12/2007

Electronic Signature of Signing Officer or Director — Date