

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22559

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**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:**

P O BOX 917  
THOMASVILLE, GA 31799 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:**

CANNON, GLENN PRES  
4900- 4TH ST.  
UNIT B  
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: PRES  
Name: CANNON, GLENN PRES  
Address: 4900 E 4TH ST. UNIT B  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: SECR  
Name: WILSON, JEANNE SECRETA  
Address: 4900 E 4TH ST., UNIT E  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: TREA  
Name: GUY, JOHN TREASUR  
Address: P O BOX 917  
City-St-Zip: THOMASVILLE, GA 31799 US

Title: VP  
Name: WILSON, ERNEST VICE-PR  
Address: 4900 E 4TH ST., UNIT E  
City-St-Zip: PANAMA CITY, FL 32404 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN GUY

TRSR

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date