2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47041

1. Entity Name
MARINERS OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 37141	PO BOX 37141
PENSACOLA, FL 32526 US	PENSACOLA, FL 32526 US

DO NOT WRITE IN THIS SPACE

01222006   No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
59-3124668	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, LUCILLE E
3221 TALLSHIE LANE
PENSACOLA, FL 32526

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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 X _Zuilb L Shipard_   X 1-25-2006

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U000000413921
02/11/06-80013-016 61 25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRICKS, ALAN
STREET ADDRESS	3212 TALLSHIP LANE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	VD
NAME	BARTLING, JERRY
STREET ADDRESS	3208 MARINERS DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	SD
NAME	THATHER, BUD
STREET ADDRESS	3204 TALLSHIP LANE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	TD
NAME	SHEPARD, LUCILLE E
STREET ADDRESS	3221 TALLSHIP LANE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _Alan Cricks_   X 25 JAN 06 X 850-457-1821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #