

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 023 \*\*\*\*61.25

<b>DOCUMENT # N47041</b> 1. Entity Name <b>MARINERS OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business PO BOX 37141 PENSACOLA, FL 32526 US			Mailing Address PO BOX 37141 PENSACOLA, FL 32526 US		
2. Principal Place of Business - No P.O. Box # <b>3212 TALLSHIP LANE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PENSACOLA FL</b>		City & State City, State		4. FEI Number <b>59-3124668</b>	
Zip <b>32526</b>		Country <b>ESCAMBIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHEPARD, LUCILLE E</b> <b>3221 TALLSHIP LANE</b> <b>PENSACOLA, FL 32526</b>			7. Name and Address of New Registered Agent Name <b>ALAN CRICKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3212 TALLSHIP LANE</b> City <b>PENSACOLA</b> FL <b>32526</b>		
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 <b>X Alan Cricks</b> <small>Signature typed or printed name of registered agent and title if applicable</small>		<b>ALAN CRICKS, PRESIDENT</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>X 3 Feb 07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME CRICKS, ALAN STREET ADDRESS 3212 TALLSHIP LANE CITY-ST-ZIP PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE PD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BARTLING, JERRY STREET ADDRESS 3208 MARINERS DRIVE CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE VD NAME DEPOSITO, LEO STREET ADDRESS 3224 MARINERS DR CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME THATHER, BUD STREET ADDRESS 3204 TALLSHIP LANE CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE SD NAME NABITY, ROBERT STREET ADDRESS 3248 TALLSHIP LANE CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SHEPARD, LUCILLE E STREET ADDRESS 3221 TALLSHIP LANE CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE TD NAME RICHARDS, PATRICIA STREET ADDRESS 3237 MARINERS DR CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>X Alan Cricks</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>X 3 Feb 07 (850) 457-1821</b> <small>Date Daytime Phone #</small>		