

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47041

FILED
Feb 07, 2009
Secretary of State

Entity Name: MARINERS OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3212 TALLSHIP LANE
PENSACOLA, FL 32526 US

New Principal Place of Business:

3217 TALLSHIP LANE
PENSACOLA, FL 32526 US

Current Mailing Address:

PO BOX 36121
PENSACOLA, FL 32516 US

New Mailing Address:

FEI Number: 59-3124668 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRICKS, ALAN
3212 TALLSHIP LANE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

MACCHIA, MICHAEL
3217 TALLSHIP LANE
PENSACOLA, FL 32526 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: MICHAEL MACCHIA

02/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRICKS, ALAN
Address: 3212 TALLSHIP LANE
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: DESPOSITO, LEO
Address: 3224 MARINERS DR
City-St-Zip: PENSACOLA, FL 32526

Title: SD () Delete
Name: NABITY, ROBERT
Address: 3248 TALLSHIP LANE
City-St-Zip: PENSACOLA, FL 32526

Title: TD () Delete
Name: MCGINNIS, ROGER
Address: 3351 MARINERS CT.
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACCHIA, MICHAEL PRES
Address: 3217 TALLSHIP LANE
City-St-Zip: PENSACOLA, FL 32526

Title: VD (X) Change () Addition
Name: DICUS, LARRY V-PRES
Address: 3209 MARINERS DR
City-St-Zip: PENSACOLA, FL 32526

Title: SD (X) Change () Addition
Name: WESTOFF, PAUL SECTARY
Address: 3248 TALLSHIP LANE
City-St-Zip: PENSACOLA, FL 32526

Title: TD (X) Change () Addition
Name: MCGINNIS, ROGER TRES
Address: 3351 MARINERS CT.
City-St-Zip: PENSACOLA, FL 32526

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: MICHAEL MACCHIA

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

Date