2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N48547

1. Entity Name
MARINA COVE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
7200 SHARP REEF DR. UNIT #4 PENSACOLA, FL 32507 US	7200 SHARP REEF DR. UNIT #4 PENSACOLA, FL 32507 US

DO NOT WRITE IN THIS SPACE

03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANCIL, GARNETT
7200 SHARP REEF DR. UNIT 4
PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000077363
03/05/04-80039-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TABOR, WILLIAM E
STREET ADDRESS	7200 SHARP REEF DRIVE, UNIT 7
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VD
NAME	PHILLIPS, DON G
STREET ADDRESS	7200 SHARP REEF DR. UNIT 5
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	STD
NAME	STANCIL, GARNETT
STREET ADDRESS	7200 SHARP REEF DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Garnett Stancil GARNETT STANCIL 3-3-04 334-872-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #