2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N48547

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

Current Principal Place of Business:

7200 SHARP REEF DR.
UNIT #1
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

1339 CREIGHTON RD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKLEY, WEBB
1339 CREIGHTON RD
PENSACOLA, FL 32504 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:	PD	( ) Delete
Name:	WEEKLEY, WEBB	
Address:	1339 CREIGHTON DRIVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	JERNIGAN, LEO	
Address:	3680 CYPRESS CIRCLE	
City-St-Zip:	GULF SHORES, AL 36542	
Title:	STD	( ) Delete
Name:	STANCIL, GARNETT	
Address:	7200 SHARP REEF DR.	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	VP	( ) Delete
Name:	HARDISON, W T JR	
Address:	7200 SHARPREEF DR, # 2	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	DAVIS, KEN	
Address:	7203 CAPT KIDD REEF	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	WALDMAN, DON	
Address:	11731 CHANTELLEER DR	
City-St-Zip:	PENSACOLA, FL 32507	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WEBB WEEKLEY PD 03/10/2009

Electronic Signature of Signing Officer or Director — Date