

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004070

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** MARINER'S HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1649 E GULF BEACH DRIVE  
ST GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 876  
EASTPOINT, FL 32328

**New Mailing Address:**

**FEI Number:** 58-2257209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GLEASMAN, WAYNE M  
COMMUNITY MANAGEMENT SERVICES  
431 MCCLOUD STREET  
ST GEORGE ISLAND, FL 32328 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: DVP ( ) Delete  
Name: ELROD, PRISCILLA  
Address: 1400 HANCEL PKWY  
City-St-Zip: MOORESVILLE, IN 46158

Title: DP ( ) Delete  
Name: LANDLISS, COLBY  
Address: 1953 MASON MILL ROAD  
City-St-Zip: DECATUR, GA 30033

Title: DSM ( ) Delete  
Name: GLEASMAN, WAYNE M  
Address: 431 MCCLOUD STREET  
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: DT ( ) Delete  
Name: HILLIS, MARK  
Address: 1483 ST. CHARLES PLACE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ELROD, PRISCILLA  
Address: 1400 HANCEL PKWY  
City-St-Zip: MOORESVILLE, IN 46158

Title: DVP (X) Change ( ) Addition  
Name: JONES, LILA  
Address: 751 N HALLMAN RD  
City-St-Zip: BOSTON, GA 31626

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 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 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: WAYNE M GLEASMAN

DSM

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date