

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741383

**Entity Name:** MARINER EAST OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6211 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**6211 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US**FEI Number:** 59-1847107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, JOAN  
6211 THOMAS DRIVE  
#208  
PANAMA CITY BEACH, FL 32408 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:** JOAN WILLIAMS

04/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | INGRAM, SHERRI         |
| Address         | 2380 COUNTRY RD. # 255 |
| City-State-Zip: | CULLMAN AL 35057       |

|                 |                 |
|-----------------|-----------------|
| Title           | VP              |
| Name            | DALEY, SHAWN    |
| Address         | 105 FAIRWAY DR. |
| City-State-Zip: | VALLEY AL 36854 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | PARKER, MARY SUZANNE |
| Address         | 50 HARRIS STREET     |
| City-State-Zip: | MCDONOUGH GA 30253   |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | ALEXANDER, LYMON      |
| Address         | 1423 LIMESTONE DRIVE  |
| City-State-Zip: | ELLITTSVILLE IN 47429 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | OWENS, CINDY         |
| Address         | 1860 BOOKSTONE DRIVE |
| City-State-Zip: | MONTGOMERY AL 36117  |

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYMON ALEXANDER

PRESIDENT

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date