

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# N00000007265

Entity Name: MARSH VIEW AT PONTE VEDRA SHORES WEST ASSOCIATION, INC.

Current Principal Place of Business:

510 S. 3RD ST.
JACKSONVILLE, FL 32250

New Principal Place of Business:

2315 BEACH BLVD.
203
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

135 PROFESSIONAL DR
SUITE 101
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3716277 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARTLETT, BARON L
135 PROFESSIONAL DR
SUITE 101
PONTE VEDRA BEACH, FL 32082 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASON, SPENCER
Address: 510 S. 3RD ST.
City-St-Zip: JACKSONVILLE, FL 32250

Title: D (X) Change () Addition
Name: CASON, SPENCER
Address: 2315 BEACH BLVD, #203
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: WOODBURN, HANK
Address: 510 S. 3RD ST.
City-St-Zip: JACKSONVILLE, FL 32250

Title: D (X) Change () Addition
Name: WOODBURN, HANK
Address: 2315 BEACH BLVD, #203
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: BARTLETT, BAROB L
Address: 50 N A1A, STE 103
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change () Addition
Name: BARTLETT, BARON L
Address: 50 N A1A, STE 103
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: HANK WOODBURN

D

10/20/2004

Electronic Signature of Signing Officer or Director

_____ Date