


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 041 ****70.00

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



Principal Place of Business
 2315 BEACH BLVD.
 # 203
 JACKSONVILLE BEACH, FL 32250

Mailing Address
 135 PROFESSIONAL DR
 SUITE 101
 PONTE VEDRA BEACH, FL 32082

90050000



2. Principal Place of Business - No P.O. Box #
304 SEAGATE LN., S

3. Mailing Address/
3501 - B N. PONCE DE LEON BLVD.

Suite, Apt. #, etc.
370

02192007 Chg-NP CR2E037 (12/06)

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

4. FEI Number
59-3716277

Applied For
 Not Applicable

Zip
32084

Country
ST. JOHNS, USA

Zip
32084

Country
ST. JOHNS, USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PHYLLIS D. HEISEY, PRESIDENT**
MARSHVIEW AT PVSW ASSOCIATION, INC.

Street Address (P.O. Box Number is Not Acceptable)
3501 - B N. PONCE DE LEON BLVD
370

City **ST. AUGUSTINE** FL Zip Code **32084**

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 **PHYLLIS D. HEISEY** *Phyllis D. Heisey* **3/09/2007**

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

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, SPENCER 2315 BEACH BLVD, #203 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODBURN, HANK 2315 BEACH BLVD, #203 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, BARON L 50 N A1A, STE 103 PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P PHYLLIS D. HEISEY 304 SEAGATE LN, S ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/N/S PAUL FERTITTA 2002 WINDJAMMER LN. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T ERNEST GERE 2201 WINDJAMMER LN. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Phyllis D. Heisey* **3/14/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #