


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90116 046 \*\*\*\*61.25

**DOCUMENT # N00000007265**

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



Principal Place of Business  
**304 SEAGATE LANE S  
 SAINT AUGUSTINE, FL 32084**

Mailing Address  
**3501 BN PONCE DE LEON BLVD  
 370  
 SAINT AUGUSTINE, FL 32084**

2. Principal Place of Business - No R.O. Box #  
**11512 Lake Mead Ave**

3. Mailing Address  
**7643 Gate Parkway**

Suite, Apt. #, etc.  
**Suite 405**      **Suite 104 PMB 188**

City & State  
**Jacksonville Florida**      **Jacksonville, Florida**

Zip  
**32256**      **32256**      Country **USA**      **USA**

02142008    Chg-NP      CR2E037 (12/06)

4. FEI Number  
**59-3716277**      Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**HEISEY, PHYLLIS D  
 MARSHVIEW AT PVSW ASSOCIATION, INC  
 3501-B N.PONCE DE LEON BLVD #370  
 SAINT AUGUSTINE, FL 32084**

**7. Name and Address of New Registered Agent**

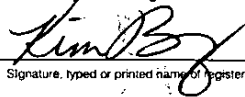
Name **Kim Balaskiewicz**

Street Address (P.O. Box Number is Not Acceptable)  
**11512 Lake Mead Avenue**

**Suite 405**

City **Jacksonville**      **FL**      Zip Code **32256**

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       **Kim Balaskiewicz**      **4-10-08**

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, 2008**

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

**Make check payable to Florida Department of State**

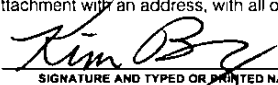
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEISEY, PHYLLIS D 304 SEAGATE LN S SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FERTITTA, PAUL 2002 WINDJAMMER LN SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GERE, ERNEST 2201 WINDJAMMER LN SAINT AUGUSTINE, FL 32084	<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
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		<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
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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:       **Kim Balaskiewicz**      **4-10-08**      **904-641-1858**

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