

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007265

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

11512 LAKE MEAD AVE
SUITE 405
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7643 GATE PARKWAY
SUITE 104
JACKSONVILLE, FL 32256

New Mailing Address:

7643 GATE PARKWAY
SUITE 104 PMB 188
JACKSONVILLE, FL 32256

FEI Number: 59-3716277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVENUE
SUITE 405
JACKSONVILLE, FL 32256 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: DP () Delete
Name: HEISEY, PHYLLIS D
Address: 304 SEAGATE LN S
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVS () Delete
Name: FERTITTA, PAUL
Address: 2002 WINDJAMMER LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: GERE, ERNEST
Address: 2201 WINDJAMMER LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERTITTA, PAUL
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change () Addition
Name: HEISEY, PHYLLIS
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change () Addition
Name: GERE, ERNEST
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: ATD () Change (X) Addition
Name: DOWIE, JON
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Change (X) Addition
Name: PECK, DOT
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIM BALASKIEWICZ

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

Date