2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N23671** Mar 28, 2000 8:00 am 1. Entity Name Secretary of State MARSH LAKE COMMUNITY ASSOCIATION, INC. 03-28-2000 90077 038 ****61.25 Principal Place of Business Mailing Address amelia island management amelia island management 3000 FIRST COAST HIGHWAY 3000 FIRST COAST HIGHWAY AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2867832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND FL 32034 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Change Addition TITLE TITLE SD NAME Jasinsky, Bruce NAME SPERRY, ROBERT STREET ADDRESS STREET ADDRESS 311 CENTRE ST 30 TEAL COURT CITY-ST-ZIP CITY-ST-ZIP <u>Fernandina Beach FL 32034</u> FERNANDINA BEACH, FL 32034 ☐ Change ☐ Addition X Delete TITLE NAME SMITH, WILLIAM L. NAME GIVENS, JOHN STREET ADDRESS STREET ADDRESS 4557 VILLAGE DR 4608 MARSH LAKES DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>Fernandina Beach FL 32034</u> FERNANDINA BEACH, FL 32034 ☐ Change Addition ☐ Delete TITLE TITLE D, NAME NAME trevett, harry LORICK, WILLIAM STREET ADDRESS STREET ADDRESS IP. O. BOX 1200 N/A 52 WOODSTORK LANE CITY-ST-7IP CITY-ST-ZIE FERNANDINA BEACH FL 32034 FERNANDINA BEACH, FL 32034 K Change ☐ Delete ☐ Addition VPD TITLE TITLE NAME NAME rabitaille. William STREET ADDRESS STREET ADDRESS 105 PINTAIL COURT CITY-ST-ZIP CITY-ST-7IP Fernandin<u>a B</u>each FL <u>32034</u> ☐ Addition ☐ Delete √ Change TITLE TITLE **VPD** NAME GOAT. TÍM NAME STREET ADDRESS STREET ADDRESS 132 Marsh Lakes Drive CITY-ST-ZIP CITY-ST-ZIP <u>Fernandina Beach Fl 32034</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Dayline Phone #