

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N93000004384 (4)*

1. Corporation Name
HARBOUR ISLAND AT MARSH LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business <i>4400 MARSH LANDING BLVD SUITE 3 PONTE VEDRA BEACH, FL. 32082</i>	Mailing Address <i>4400 MARSH LANDING BLVD. SUITE 3 PONTE VEDRA BEACH, FL. 32082</i>
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3. Date Incorporated or Qualified <i>09-24-93</i>	Applied For
4. FEI Number <i>59-3234370</i>	Not Applicable

2. Principal Place of Business	2b. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*Melching, Stephen D.
4400 MARSH LANDING BLVD.
SUITE 3
PONTE VEDRA BEACH, FL. 32082*

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>FLETCHER PAUL Z</i>	
STREET ADDRESS	<i>4400 MARSH LANDING BLVD</i>	
CITY-ST-ZIP	<i>PONTE VEDRA BEACH, FL. 32082</i>	
TITLE	<i>VTD</i>	<input type="checkbox"/> DELETE
NAME	<i>MELCHING, STEPHEN D</i>	
STREET ADDRESS	<i>4400 MARSH LANDING BLVD.</i>	
CITY-ST-ZIP	<i>PONTE VEDRA BEACH, FL. 32082</i>	
TITLE	<i>SD</i>	<input type="checkbox"/> DELETE
NAME	<i>HUTCHINSON, FRANCES F</i>	
STREET ADDRESS	<i>4400 MARSH LANDING PARKWAY BLVD</i>	
CITY-ST-ZIP	<i>PONTE VEDRA BEACH, FL. 32082</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen D. Melching* Vice President **4-14-98**

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

CR2E037 (10/97)