

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 08:00 AM
Secretary of State

DOCUMENT # N93000004384

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

Principal Place of Business 4400 MARSH LANDING BLVD SUITE 3 PONTE VEDRA BEACH FL 32082	Mailing Address 4400 MARSH LANDING BLVD SUITE 3 PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
59-3234370

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MELCHING STEPHEN D
 4400 MARSH LANDING BLVD
 SUITE 3
 PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE **03/14/2001**

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON FRANCES F
STREET ADDRESS	4400 MARSH LANDING BLVD STE 3
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHING STEPHEN D
STREET ADDRESS	4400 MARSH LANDING BLVD STE 3
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER PAUL Z
STREET ADDRESS	4400 MARSH LANDING BLVD STE 3
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: STEPHEN D. MELCHING VT 03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)