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Jul 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 97 00000 1625
 1. Corporation Name
The Communities at Marcus Lake Homeowners Association, Inc.

Principal Place of Business	Mailing Address
4400 Bayou Blvd., Suite 35 Pensacola, Florida 32503	

3. Date Incorporated or Qualified November 1997	
4. FEI Number 58-2385191	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 4400 Bayou Blvd., Suite, Apt. #, etc. 22 Suite 35 City & State 23 Pensacola, FL Zip 24 32503	26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 Esc.

9. Name and Address of Current Registered Agent
Wesley Chalk
4400 Bayou Blvd., Suite 35
Pensacola, Florida 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	James Boyd	
STREET ADDRESS	P. O. Box 12358	
CITY-ST-ZIP	Pensacola, FL 32582	N/A
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Ralph Boyd	
STREET ADDRESS	P. O. Box 12358	
CITY-ST-ZIP	Pensacola, FL 32582	N/A
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Sandy Gail Preer	
STREET ADDRESS	P. O. Box 12358	
CITY-ST-ZIP	Pensacola, FL 32582	N/A
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	J. Dan Gilmore	
STREET ADDRESS	P. O. Box 12358	
CITY-ST-ZIP	Pensacola, FL 32582	N/A
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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 checked, or on an attachment with an address.

SIGNATURE: J. Dan Gilmore 4-30-98 850-484-2684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)