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Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90050 043 *****61.25

DOCUMENT # N97000001625

1. Corporation Name

THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4400 BAYOU BLVD
SUITE 35
PENSACOLA FL 32503

Mailing Address

4400 BAYOU BLVD
SUITE 35
PENSACOLA FL 32503



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

58-2385191

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

Chalk
CAULK, WESLEY
4400 BAYOU BLVD
SUITE 35
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	BOYD, JAMES	
STREET ADDRESS	PO BOX 12358 ((N//A))	
CITY-ST-ZIP	PENSACOLA FL 32582	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	BOYD, RALPH	
STREET ADDRESS	PO BOX 12358 ((N//A))	
CITY-ST-ZIP	PENSACOLA FL 32582	
TITLE	T/T	<input type="checkbox"/> DELETE
NAME	PREER, SANDY GAIL	
STREET ADDRESS	PO BOX 12358 ((N//A))	
CITY-ST-ZIP	PENSACOLA FL 32582	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	GILMORE, DAN J	
STREET ADDRESS	PO BOX 12358 ((N//A))	
CITY-ST-ZIP	PENSACOLA FL 32582	
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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED - DAN Gilmore 850-484-26
Date: 1-17-99 Daytime Phone #