2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # N9700001625 , 1. Entity Name THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.				Secretary of State 04-29-2004 90325 042 ****61.25			
Principat Place 224 EAST GA #1 PENSACOLA,	RDEN ST	Mailing Address 224 E GARDEN STREET 1 PENSACOLA, FL 32502		I POWNIMI PIN INSIN JERUI N	. .		FII OF CORP.
2. Principal Place of Business 3998 Summit Polv4 Suite, Apt. #, etc.		3. Mailing Address 3298 Sum Suite, Apt. #, etc.	mit Blu				
#4		#4		01162004 Chg-N	P CR2E03	37 (10/03)	
Olty & State	acola FC	City & State Tensue 0/4	FC	4. FEI Number 58-2385191		_ 	plied For t Applicable
zip 3250	3 Country	32503 C	ountry (1.5.	5. Certificate of Status	Desireo 📋	\$8.75 Add Fee Required	
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WARD, SANDRA J 224 EAST GARDEN ST #1			ETHERDS & RAY O. Street Address (P.O. Box Number is Not Acceptable) 3298 Symm: + Blvd				
	LA, FL 32502		Stey				
	er de la		City Pens	acola	FL	Zip Code	<u> </u>
	named entity submits this statement for ions of registered agent.	ered office or registe	red agent, or both, in the S	State of Florida. I am	familiar with,	and accept	
	Signature, typed or printed name of registered agent of	nd title if applicable. (NOTE: Registe	ered Agent signature require	i when reinstating)	DATE		
	Filling Fee is \$61.25 Due by May 1, 2004	nd title if applicable. (NOTE: Registr 9. Election Campaign Trust Fund Contrib	Financing ution.	\$5.00 May Be Added to Fees	Florida Depar		late
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12. I hereby certify that the information supplied with this filling 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:

MALLY CHARLES SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

april 24,2004

Daytime Phone #