


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90325 042 ****61.25

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1. Entity Name
THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 224 EAST GARDEN ST
 #1
 PENSACOLA, FL 32502

Mailing Address
 224 E GARDEN STREET
 1
 PENSACOLA, FL 32502



2. Principal Place of Business
3298 Summit Blvd
 Suite, Apt. #, etc.
#4

3. Mailing Address
3298 Summit Blvd
 Suite, Apt. #, etc.
#4

01162004 Chg-NP CR2E037 (10/03)

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number
58-2385191

Applied For
 Not Applicable

Zip
32503

Country
U.S.

Zip
32503

Country
U.S.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WARD, SANDRA J
 224 EAST GARDEN ST
 #1
 PENSACOLA, FL 32502

7. Name and Address of New Registered Agent


Name
ETHERIDGE, RAY O.

Street Address (P.O. Box Number is Not Acceptable)
3298 Summit Blvd

City
Stet

City
Pensacola **FL** Zip Code
32503

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **Apr. 23, 2004**

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE VPD	VPD	<input type="checkbox"/> Delete
NAME RHODES, MARY		
STREET ADDRESS 7 JAZZ PLACE		
CITY-ST-ZIP PENSACOLA, FL 32505		
TITLE D	D	<input type="checkbox"/> Delete
NAME BOYD, RALPH		
STREET ADDRESS 2280 N 9TH AVENUE		
CITY-ST-ZIP PENSACOLA, FL 32503		
TITLE PD	PD	<input type="checkbox"/> Delete
NAME PREER, SANDRA J		
STREET ADDRESS 2680 N 9TH AVENUE		
CITY-ST-ZIP PENSACOLA, FL 32503		
TITLE STD	STD	<input type="checkbox"/> Delete
NAME HOWE, DAVID		
STREET ADDRESS 7315 DU MONDE PLACE		
CITY-ST-ZIP PENSACOLA, FL 32505		
TITLE D	D	<input type="checkbox"/> Delete
NAME RABY, PATRICIA L		
STREET ADDRESS 7131 RAMPART WAY		
CITY-ST-ZIP PENSACOLA, FL 32505		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RHODES, Mary		
STREET ADDRESS 7 Jazz Place		
CITY-ST-ZIP Pensacola, FL 32505		
TITLE D	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Boyd, Ralph		
STREET ADDRESS 7041 Rampart Way		
CITY-ST-ZIP Pensacola, FL 32505		
TITLE VPD	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Preer Sandra J.		
STREET ADDRESS 2680 Heyward Dr.		
CITY-ST-ZIP Pensacola, FL 32505		
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)(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:  DATE **April 24, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR