


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90384 048 ****61.25

DOCUMENT # N97000001625 1. Entity Name THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503	Mailing Address 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503
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400120--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04192006 Chg-NP CR2E037 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 58-2385191	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD RHODES, MARY 7 JAZZ PLACE PENSACOLA, FL 32503	TITLE	D Stiner, Jo Ann 7072 Rampart Way Pensacola, FL 32505
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D BOYD, RALPH 7041 RAMPART WAY PENSACOLA, FL 32505	TITLE	VPD Roach, Andrew 4027 Embers Landing Pensacola, FL 32505
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD PREER, SANDRA J 2680 HEYWARD DR PENSACOLA, FL 32505	TITLE	PD
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD HOWE, DAVID 7315 DU MONDE PLACE PENSACOLA, FL 32505	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D RABY, PATRICIA L 7131 RAMPART WAY PENSACOLA, FL 32505	TITLE	D Holloway, Barbara 7060 Rampart Way Pensacola, FL 32505
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SB Preer 4/27/06 880-434-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #