

FILED


03 JUN -9 AM 9:12

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001625

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



Principal Place of Business
224 EAST GARDEN ST
#1
PENSACOLA, FL 32501

Mailing Address
224 EAST GARDEN ST
#1
PENSACOLA, FL 32501

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 1

3. Mailing Address
224 E. Garden Street
Suite, Apt. #, etc.
Suite 1

City & State
Pensacola, FL

4. FEI Number
58-2385191

Applied For
 Not Applicable

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 32501**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 1
City
FL Zip Code
32502

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 *Sandra J Ward* *Sandra J Ward* 4-30-03

Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent Signature required when submitting.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOYD, JAMES 2280 N 9TH AVENUE PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mary Rhodes 7 Jazz Place Pensacola, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYD, RALPH 2280 N 9TH AVENUE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph M. Boyd 7041 Rampart Way Pensacola, FL 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREER, SANDRA J 2280 N 9TH AVENUE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sandra G. Preer 2680 Heyward Drive Pensacola, FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, ROBERT 7069 RAMPART WAY PENSACOLA, FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD David Howe 7315 Du Monde Place Pensacola, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia L. Raby 7131 Rampart Way Pensacola, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra B. Preer* 4/30/03 850-432-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

91619