

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90005 048 ****61.25

DOCUMENT # N99000002537
 1. Entity Name
RIVER MARSH AT PONTE VEDRA BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 129 NANDINA CIRCLE
 % WILLIAM COLLINS
 PONTE VEDRA BEACH, FL

Mailing Address
 129 NANDINA CIRCLE
 % WILLIAM COLLINS
 PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business - No P.O. Box #
 1122 Neck Road
 Suite, Apt. #, etc.
 c/o Peter P. Legeza, Jr
 City & State
 PONTE VEDRA BEACH FL
 Zip
 32082
 Country
 USA

3. Mailing Address
 178 River MARSH DR
 Suite, Apt. #, etc.
 c/o Peter P. Legeza, Jr
 City & State
 PONTE VEDRA BEACH FL
 Zip
 32082
 Country

40050110



03042008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3572956
 Applied For
 Not Applicab

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

6. Name and Address of Current Registered Agent
 BARTLETT, BARON L
 50 NORTH A1A STE. 103
 PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	COLLINS, WILLIAM J	
STREET ADDRESS	129 NANDINA CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGEZA, PETER P JR.	
STREET ADDRESS	1122 NELK RD	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS	1122 Neck Road	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Handwritten Signature]*