

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23671

Entity Name: MARSH LAKE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

FEI Number: 59-2867832

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMBIASE, NICHOLAS JR.
5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE: NICHOLAS LAMBIASE, JR.

02/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name OLBINA, KAREN
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title VPD
Name KIGHT, RYAN
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D
Name PARK, PAM
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title STD
Name LOHR, JOHN
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D
Name BURSON, JOHN
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN OLBINA

P

02/13/2018

Electronic Signature of Signing Officer/Director Detail

Date