

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761635 (2)  
1. Corporation Name  
**MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION I, INC.**

Principal Place of Business Mailing Address  
4400 T.P.C. BOULEVARD N.(JAX.BCH.FL 32250)  
P.O. BOX 1219 (PONTE VEDRA BEACH, FL.)  
PONTE VEDRA BEACH FL 32004-1219

APPROVED AND FILED  
95 APR 28 PM 6:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1982 3a. Date of Last Report 04/25/1994  
4. FEI Number 59-2936248 Applied For Not Applicable  
5. Certificate of Status Desired  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
DUSS, JOHN S IV  
200 W FORSYTH ST  
JACKSONVILL FL 32202

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DARNALL, BRUCE R 113 LAGOON FOREST DR PONTE VEDRA BCH FL	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Robert White	
STREET ADDRESS		1.3 STREET ADDRESS 24620 Deer Trace Drive	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE DT	BROWN, GEORGE C 24503 MOSS CREEK LANE PONTE VEDRA BEACH FL	2.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Elizabeth Lucchesi	
STREET ADDRESS		2.3 STREET ADDRESS 208 Greencrest Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE DV	BLOCKER, JEAN D 24651 MISTY LAKE DR PONTE VEDRA BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DV	SOVEREIGN, BRYCE J 181 GREENCREST DR PONTE VEDRA BEACH FL	4.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE DS	HIGHTOWER, SHIRLEY 12347 DEER TRACE DR PONTE VEDRA BEACH FL	5.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Mary Helen Steinhauer	
STREET ADDRESS		5.3 STREET ADDRESS 101 Lagoon Forest Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Bryce J. Sovereign* 5/15/95 904-954-7563  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #