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NONPROFIT CORPORATION ANNUAL REPORT

1997

4400 T.P.C. BOULEVARD N.(JAX.BCH..FL 32250



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

904-285-6921

Daytime Phone # 0000061

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

4400 T.P.C. BOULEVARD N.(JAX.BCH..FL 32250

DOCUMENT #

Principal Place of Business

NAME STREET ADDRESS

CITY-ST-7IP

appears in Block 12 or Block

SIGNATURE:

761635

(2)

Mailing Address

MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION

P.O. BOX 1219 (PONTE VEDRA BEACH, FL.) P.O. BOX 1219 (PONTE VEDRA BEACH, FL.) PONTE VEDRA BEACH FL 32004-1219 PONTE VEDRA BEACH FL 32004-1219 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996 01/28/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2936248 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Yes 24 30 Florida Statutes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUSS, JOHN S IV R2 Street Address (P.O. Box Number is Not Acceptable) 200 W FORSYTH ST 83 JACKSONVILL FL 32202 84 City 85 Zip Code Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. TITLE ☐ DELETE 1.1 THILE Change Addition White, Robert NAME WHITE, ROBERT 1.2 NAME 24620 DEER TRACE DRIVE 24620 Deer Trace Drive STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA BCH FL Ponte Vadra Beach. 32082 CITY-ST-ZIP 1.4 CITY-ST-ZIP TATLE □ DELETE 2.1 TITLE Addition LUCCHESI, ELIZABETH 2.2 NAME NAME 208 GREENCREST DRIVE 2.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-7IP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE **Change** Addition TITLE Blocker, Michael H. BLOCKER TIEANED 3.2 NAME NAME 24651 Misty Lake Drive 24651 MISTY-LAKE-DR-STREET ADDRESS 3.3 STREET ADDRESS PONTE-VEDRA-BEACH-FL Ponte Vedra Beach, FL 32082 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE Roderique, Donald J. NAME KIMBALL: AND --4. 2 NAME 24501 Indian Midden Way 24544 DEER TRACE DR -STREET ADDRESS 4.3 STREET ADDRESS PONTE-VEDRA-BEACH-FL-Ponte Vedra Beach, FL 32082 CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE TITLE 5.1 TITLE Steinhauer, Mary Helen NAME STEINHAUER, MARY HELEN 5.2 NAME 101 Lagoon Forest Drive 101 LAGOON FOREST DRIVE 5.3 STREET ADDRESS STREET ADDRESS Ponte Vedra Beach, FL PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP 5.4 City-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. I do 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 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 exemption or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

nged, or on an attachment with an address

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

President, 2/1/97