


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761635** (2)

1. Corporation Name

**MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION  
I, INC.**



Principal Place of Business <b>4400 T.P.C. BOULEVARD N.(JAX.BCH.FL 32250 P.O. BOX 1219 (PONTE VEDRA BEACH. FL.) PONTE VEDRA BEACH FL 32004-1219</b>	Mailing Address <b>4400 T.P.C. BOULEVARD N.(JAX.BCH.FL 32250 P.O. BOX 1219 (PONTE VEDRA BEACH. FL.) PONTE VEDRA BEACH FL 32004-1219</b>
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3. Date Incorporated or Qualified <b>01/28/1982</b>
4. FEI Number <b>59-2936248</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>DUSS, JOHN S IV 200 W FORSYTH ST JACKSONVILL FL 32202</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code
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11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>WHITE, ROBERT-</del>	1.2 NAME	<b>MURIEL A BERTSCH</b>
STREET ADDRESS	<del>24620 DEER TRACE DRIVE-</del>	1.3 STREET ADDRESS	<b>104 CYPRESS LAGOON COURT</b>
CITY-ST-ZIP	<del>PONTE VEDRA BCH FL</del>	1.4 CITY-ST-ZIP	<b>Ponte Vedra Beach FL 32082</b>
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUCCHESI, ELIZABETH</b>	2.2 NAME	<b>Peter J. Ghiloni</b>
STREET ADDRESS	<b>208 GREENCREST DRIVE</b>	2.3 STREET ADDRESS	<b>24434 MOSS CREEK LANE</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCKER, MICHAEL H.</b>	3.2 NAME	<b>Lucchesi, Elizabeth Winn</b>
STREET ADDRESS	<b>24651 MISTY LAKE DR</b>	3.3 STREET ADDRESS	<b>24651 MISTY LAKE DR. 208 Greencrest Dr.</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL. 32082</b>
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODERIQUE, DONALD J.</b>	4.2 NAME	<b>BLOCKER, MICHAEL H.</b>
STREET ADDRESS	<b>24501 INDIAN MIDDEN WAY</b>	4.3 STREET ADDRESS	<b>24651 MISTY LAKE DR.</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	4.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL. 32082</b>
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>STEINHAEUER, MARY HELEN-</del>	5.2 NAME	
STREET ADDRESS	<del>101 LAGOON FOREST DRIVE</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>PONTE VEDRA BEACH FL</del>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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: *Muriel A. Bertsch*

CR2E037 (1097)