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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.)
4400 T.P.C. BOULEVARD N.(JAX.BCH.FL 32250) P.O. BOX 1219 (PONTE VEDRA BEACH. FL.)

3. Date Incorporated or Qualified
01/28/1982

4. FEI Number 59-2936248 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, 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 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WHITE, ROBERT- 24620 DEER TRACE DRIVE- PONTE VEDRA BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	DT LUCCHESI, ELIZABETH 208 GREENCREST DRIVE PONTE VEDRA BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	DT BLOCKER, MICHAEL H. 24651 MISTY LAKE DR PONTE VEDRA BEACH FL	<input type="checkbox"/> DELETE	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	DS RODERIQUE, DONALD J. 24501 INDIAN MIDDEN WAY PONTE VEDRA BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE <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	DV STEINHAUER, MARY HELEN- 101 LAGOON FOREST DRIVE PONTE VEDRA BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			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

1.1 TITLE	DT	MARCELA BERTSCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		104 CYPRESS LAGOON COURT	
1.4 CITY-ST-ZIP		PONTE VEDRA BEACH FL 32082	
2.1 TITLE	DT	Peter J. Ghiloni	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS		24434 MOSS CREEK LANE	
2.4 CITY-ST-ZIP		PONTE VEDRA BEACH FL 32082	
3.1 TITLE	DT	Lucchesi, Elizabeth Winn	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS		24651 Misty Lake Dr. 208 Greencrest Dr.	
3.4 CITY-ST-ZIP		Ponte Vedra Beach, FL. 32082	
4.1 TITLE	PD	BLOCKER, MICHAEL H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS		24651 MISTY LAKE DR.	
4.4 CITY-ST-ZIP		Ponte Vedra Beach, FL. 32082	
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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: *Marcela Bertsch*

CR2E037 (10/97)