

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90089 023 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 761635**

1. Corporation Name

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

Principal Place of Business

4400 T.P.C. BOULEVARD N. (JAX.BCH.FL 32250  
P.O. BOX 1219 (PONTE VEDRA BEACH, FL.)  
PONTE VEDRA BEACH FL 32004-1219

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



2. Principal Place of Business

21 **4400 Marsh Landing Blvd.**

Suite, Apt. #, etc.

22 **Suite #3**

City & State

23 **Ponte Vedra Beach, FL.**

Zip

24 **32082**

Country

2a. Mailing Address

26 **4400 Marsh Landing Blvd.**

Suite, Apt. #, etc.

27 **Suite #3**

City & State

28 **Ponte Vedra Beach, FL.**

Zip

29 **32082**

Country

30

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

☐

**\$5.00** May Be  
Added to Fees

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

**Janet C. Pritchett**

82 Street Address (P.O. Box Number is Not Acceptable)

**4400 Marsh Landing Blvd.**

83 **Suite #3**

84 City

**Ponte Vedra Beach**

FL

85 Zip Code

**32082**

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

*Janet C. Pritchett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-22-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BERTISCH, GERALD**  
STREET ADDRESS **104 CYPRESS LAGOON CT**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ DELETE  
NAME **GHILONI, PETER J**  
STREET ADDRESS **24434 MOSS CREEK LN**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **DT** ☒ DELETE  
NAME **LUCCHESE, ELIZABETH WINN**  
STREET ADDRESS **208 GREENCREST DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **PD** ☐ DELETE  
NAME **BLOCKER, MICHAEL H**  
STREET ADDRESS **24651 MISTY LAKE DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **BERTISCH, GERALD**  
1.3 STREET ADDRESS **104 Cypress Lagoon Ct.**  
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL. 32082**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **GHILONI, PETER**  
2.3 STREET ADDRESS **24434 MOSS CREEK LN.**  
2.4 CITY-ST-ZIP **Ponte Vedra Beach, FL. 32082**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **RODERIQUE, DONALD**  
3.3 STREET ADDRESS **24501 Indian Midden Way**  
3.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **BLOCKER, MICHAEL H.**  
4.3 STREET ADDRESS **24651 Misty Lake Drive**  
4.4 CITY-ST-ZIP **Ponte Vedra Beach, FL. 32082**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **HERRON, PAUL**  
5.3 STREET ADDRESS **105 Cypress Lagoon Court**  
5.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **MERCADO, LINDA**  
6.3 STREET ADDRESS **24308 Moss Creek Lane**  
6.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Janet C. Pritchett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-22-99**

Date

**353-4311 x3389**

Daytime Phone #

CR2E037 (11/98)