

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761636

FILED
Apr 28, 2009
Secretary of State

Entity Name: MARSH LANDING AT SAWGRASS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-2959486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD
STE 200
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GOLITZ, ROBERT
Address: 124 TEAL POINTE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: MILLER, WILLIAM
Address: 9040 MARSH VIEW COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: KROL, BARBARA
Address: 4440 ROYAL TERN CT
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KROL

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date