

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90045 031 ****61.25

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DOCUMENT # 770973 1. Entity Name MARSH CREEK HOMEOWNER'S ASSOCIATION, INC.																																																																													
Principal Place of Business P.O. BOX 15003 JACKSONVILLE, FL 32239			Mailing Address P.O. BOX 15003 JACKSONVILLE, FL 32239																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		Zip																																																																									
Country		Country		4. FEI Number 59-2638353																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																									
6. Name and Address of Current Registered Agent BERGMAN, JIM 3649 MARSH CREEK DR. N JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Jim Bergman</i></u> 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																									
Make check payable to Florida Department of State																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">S</td> <td style="width: 15%;">DIXON, BILL</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5419 FORT CAROLINE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">TVP</td> <td style="width: 15%;">BYRD, RICHARD</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3616 HEATHWOOD CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">FORT, TONY</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3530 BRIDGEWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">SPERLING, DONNA</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5485 FORT CAROLINE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">BERGMAN, JIM</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3649 MARSH CREEK DR. N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">STONER, JOHN</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3628 MARSH CREEK DR. N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> </table> </div> </div>						TITLE	S	DIXON, BILL	<input type="checkbox"/> Delete	STREET ADDRESS		5419 FORT CAROLINE RD		CITY-ST-ZIP		JACKSONVILLE, FL 32277		TITLE	TVP	BYRD, RICHARD	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		3616 HEATHWOOD CT		CITY-ST-ZIP		JACKSONVILLE, FL 32277		TITLE	D	FORT, TONY	<input type="checkbox"/> Delete	STREET ADDRESS		3530 BRIDGEWOOD DR.		CITY-ST-ZIP		JACKSONVILLE, FL 32277		TITLE	D	SPERLING, DONNA	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		5485 FORT CAROLINE RD		CITY-ST-ZIP		JACKSONVILLE, FL 32277		TITLE	P	BERGMAN, JIM	<input type="checkbox"/> Delete	STREET ADDRESS		3649 MARSH CREEK DR. N.		CITY-ST-ZIP		JACKSONVILLE, FL 32277		TITLE	D	STONER, JOHN	<input type="checkbox"/> Delete	STREET ADDRESS		3628 MARSH CREEK DR. N.		CITY-ST-ZIP		JACKSONVILLE, FL 32277	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	ANN ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5467 FORT CAROLINE RD	
CITY-ST-ZIP		JACKSONVILLE, FL 32277	

TITLE	T	MARIE CHIAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3532 MARSH CREEK DR S.	
CITY-ST-ZIP		JACKSONVILLE, FL 32277	

TITLE	D	NANCY FRITCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5470 SPRING BROOK RD.	
CITY-ST-ZIP		JACKSONVILLE, FL 32277	