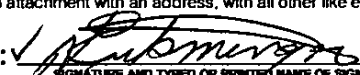


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90038 003 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 WAYNE ENTSMINGER Street Address (P.O. Box Number is Not Acceptable) 5440 FORT CAROLINE RD. City JACKSONVILLE FL 32277		
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  Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering) DATE 2/9/06			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	S	☒ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	DIXON, BILL		NAME	PRESIDENT ☐ Change ☒ Addition	
STREET ADDRESS	5419 FORT CAROLINE RD		STREET ADDRESS	WAYNE ENTSMINGER	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	5440 FORT CAROLINE RD.	
TITLE	T	☒ Delete	TITLE	TREASURER ☐ Change ☒ Addition	
NAME	ANDERSON, ANN		NAME	HAREN BEN	
STREET ADDRESS	5467 FORT CAROLINE RD		STREET ADDRESS	5421 MARSH CREEK DR. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	☒ Delete	TITLE	SECRETARY ☐ Change ☒ Addition	
NAME	FORT, TONY		NAME	ANNE HANCOCK	
STREET ADDRESS	3530 BRIDGEWOOD DR.		STREET ADDRESS	3616 MARSH CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	☒ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	FRITCH, NANCY		NAME	JAMES SPIES	
STREET ADDRESS	5470 SPRING BROOK RD		STREET ADDRESS	5451 MARSH CREEK DR. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	P	☒ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	BERGMAN, JIM		NAME	BILL KILLEN	
STREET ADDRESS	3649 MARSH CREEK DR. N.		STREET ADDRESS	3619 HEATHWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D J.P.	☐ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	STONER, JOHN		NAME	MARY DE MAIO	
STREET ADDRESS	3628 MARSH CREEK DR. N.		STREET ADDRESS	3613 MARSH CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	JACKSONVILLE, FL 32277	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/9/06		Daytime Phone # 904-744-6940	