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	Mailing Address
P.O. BOX 15003 JACKSONVILLE, FL 32239	P.O. BOX 15003 JACKSONVILLE, FL 32239

01212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2638353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGMAN, JIM 3649 MARSH CREEK DR. N JACKSONVILLE, FL 32277	Name WAYNE ENTSMINGER Street Address (P.O. Box Number is Not Acceptable) 5440 FORT CAROLINE RD. City JACKSONVILLE FL Zip Code 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] DATE 2/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIXON, BILL 5419 FORT CAROLINE RD JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WAYNE ENTSMINGER 5440 FORT CAROLINE RD. JACKSONVILLE, FL, 32277 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDERSON, ANN 5467 FORT CAROLINE RD JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER KAREN BELL 5421 MARSH CREEK DR. N, JACKSONVILLE, FL. 32277 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORT, TONY 3530 BRIDGEWOOD DR. JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ANNE HANCOCK 3616 MARSH CREEK DR. JACKSONVILLE, FL. 32277 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRITCH, NANCY 5470 SPRING BROOK RD JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES SPIES 5451 MARSH CREEK DR.N. JACKSONVILLE, FL, 32277 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERGMAN, JIM 3649 MARSH CREEK DR. N. JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL KILLEN 3619 HEATHWOOD COURT JACKSONVILLE FL. 32277 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. STONER, JOHN 3628 MARSH CREEK DR. N. JACKSONVILLE, FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY DEFINCO 3613 MARSH CREEK DR. JACKSONVILLE FL. 32277 ☐ Change ☑ Addition

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] 2/9/06 904-744-6940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #