

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90050 013 \*\*\*\*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

40011664



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2638353

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ENTSMINGER, WAYNE  
5440 FORT CAROLINE RD.  
JACKSONVILLE, FL 32277

Name **DEBRA DYE**  
Street Address (P.O. Box Number is Not Acceptable) **3536 BRIDGEWOOD DRIVE**  
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

*Debra Dye*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/08

Filing Fee is \$61.25  
Due by May 1, 2008

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 **P** ☒ Delete  
NAME **ENTSMINGER, WAYNE**  
STREET ADDRESS **5440 FORT CAROLINE RD.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **P** ☐ Change ☒ Addition  
NAME **DEBRA DYE**  
STREET ADDRESS **3536 BRIDGEWOOD DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **T** ☐ Delete  
NAME **BELL, KAREN**  
STREET ADDRESS **5421 MARSH CREEK DR. N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **V.P.** ☐ Change ☒ Addition  
NAME **JAMES MIDDLETON**  
STREET ADDRESS **3636 BRIDGEWOOD DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **S** ☐ Delete  
NAME **HANCOCK, ANNE**  
STREET ADDRESS **3616 MARSH CREEK DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☐ Change ☒ Addition  
NAME **DANITA RIMMER**  
STREET ADDRESS **5446 SPRING BROOK RD.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☒ Delete  
NAME **SPIES, JAMES**  
STREET ADDRESS **5451 MARSH CREEK DR. N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **KEMERY, FRED**  
STREET ADDRESS **5491 SPRING BROOK RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STONER, JOHN**  
STREET ADDRESS **3628 MARSH CREEK DR. N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Debra Dye*

Date

Daytime Phone #

1/21/08