

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G88533** (6)  
1. Corporation Name  
**MARSH LANDING REALTY, INC.**



Principal Place of Business  
**25500 MARSH LANDING PKWY  
PONTE VEDRA BCH FL 32082**

Mailing Address  
**PO BOX 1219  
PONTE VEDRA BCH FL 32004  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/28/1984</b>	
21 Suite, Apt. #, etc.		26 <b>4400 Marsh Landing Blvd</b>		4. FEI Number <b>59-2408685</b>	
22 City & State		27 Suite, Apt. #, etc. <b>Suite # 3</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 City & State <b>Ponte Vedra Beach, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Zip <b>32082</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country <b>USA</b>			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIHM, EDWIN R</b>	1.2 NAME	
STREET ADDRESS	<b>GATX 4 EMBARCADERO CTR. #2200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94111</b>	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANN, RUTH C</b>	2.2 NAME	<b>Robert L. Holland</b>
STREET ADDRESS	<b>4400 MARSH LANDING BLVD</b>	2.3 STREET ADDRESS	<b>25500 Marsh Landing Parkway</b>
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	2.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, MARY M</b>	3.2 NAME	
STREET ADDRESS	<b>4400 MARSH LANDING BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSEY, KATHY J</b>	4.2 NAME	
STREET ADDRESS	<b>25500 MARSH LANDING PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mary M. Moore - Treasurer**

(904) 273-3033

CR2E034 (10/97)