2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001565

FILED Mar 24, 2006 Secretary of State

Entity Name: MARSH ISLAND SOUTH OF JACKSONVILLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8009 S ORANGE AVE ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

8009 S ORANGE AVE ORLANDO, FL 32809

FEI Number: 65-1016523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT INC.

8009 S ORANGE AVE
ORLANDO, FL 32809 US

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

ORLANDO, FL 32809 US

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.

SIGNATURE: REBECCA FURLOW 03/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: PD (X) Change () Addition Name: TOUCHTON, ROBERT Name: SCOTT, JOHN C

 Address:
 14582 MARSH BREEZE CT
 Address:
 14574 MARSH BREEZE COURT

 City-St-Zip:
 JACKSONVILLE, FL 32250
 City-St-Zip:
 JACKSONVILLE, FL 32250

Title: P () Delete Title: VPD (X) Change () Addition Name: SCOTT, JOHN Name: ALTOMARE, ASTRIDA

Address: 14574 MARSH BREEZE CT Address: 14566 MARSH BREEZE COURT
City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32250

Title: VP () Delete Title: D (X) Change () Addition

Name:ALTOMARE, ASTRIDEName:KETTY, VENKATESHAddress:14558 MARSH BREEZE CTAddress:14582 MARSH BREEZE COURTCity-St-Zip:JACKSONVILLE, FL 32250City-St-Zip:JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. SCOTT PD 03/24/2006