

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001565

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

5955 TG LEE BLVD,
SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

5955 T.G. LEE BLVD,
SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
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:

LELAND MANAGEMENT
5955 T.G. LEE BLVD,
SUITE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
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: _____

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, JOHN C
Address: 14574 MARSH BREEZE COURT
City-St-Zip: JACKSONVILLE, FL 32250

Title: VPD () Delete
Name: ALTOMARE, ASTRIDA
Address: 14566 MARSH BREEZE COURT
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: KETTY, VENKATESH
Address: 14582 MARSH BREEZE COURT
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/22/2009

Electronic Signature of Signing Officer or Director

Date