

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90051 046 ****61.25

DOCUMENT # N00000002686 1. Entity Name MARSH COVE AT PONTE VEDRA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1220 MARSH COVE CT PONTE VEDRA BEACH, FL 32082			Mailing Address 1220 MARSH COVE CT PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3510601	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZIPPERER, PATTY 1301 MARSH COVE CT PONTE VEDRA BEACH, FL 32082				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D ADAMS, KAREN <input checked="" type="checkbox"/> Delete		TITLE	P.D Adams, Karen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	703 MARSH COVE PL		NAME	703 Marsh Cove PL	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		STREET ADDRESS	Ponte Vedra Beach FL 32082	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BAZILEWICH, YOKO <input checked="" type="checkbox"/> Delete		TITLE	VP-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	404 MARSH COVE LN		NAME	Melissa Stone	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		STREET ADDRESS	904 Marsh Cove Ln	
CITY-ST-ZIP			CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D MARKOZO, GAIL <input checked="" type="checkbox"/> Delete		TITLE	S-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1107 MARSH COVE ST		NAME	Gail Markozo	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		STREET ADDRESS	1107 Marsh Cove Court	
CITY-ST-ZIP			CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D STONE, MELISSA <input checked="" type="checkbox"/> Delete		TITLE	T-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	904 MARSH COVE LN		NAME	Jim Wadsworth	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		STREET ADDRESS	1002 Marsh Cove Ct	
CITY-ST-ZIP			CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D WADSWORTH, JIM <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1002 MARSH COVE CT		NAME	Yoko Bazilewich	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		STREET ADDRESS	404 Marsh Cove Ln	
CITY-ST-ZIP			CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Patty Zipperer</u> Patty Zipperer					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/19/08 (904) 273-9148 <small>Date Daytime Phone #</small>	