


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90021 016 \*\*\*\*61.25

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N00000003044</b>                            |  |  |
| 1. Entity Name<br>MARSHWINDS HOMEOWNERS ASSOCIATION, INC. |  |   |

**60043535**



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|--|--|
| Principal Place of Business<br>920 3RD ST.<br>SUITE B<br>NEPTUNE BEACH, FL 32266 | Mailing Address<br>920 3RD ST.<br>SUITE B<br>NEPTUNE BEACH, FL 32266 |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

04142008 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3641759 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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|--|--------------------------------|
| 5. Certificate of Status Desired. <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>WALLACE, L. DENISE<br>920 3RD STREET<br>SUITE B<br>NEPTUNE BEACH, FL 32266 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

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 _____ | DATE _____ |
|-----------------|------------|

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| 10. OFFICERS AND DIRECTORS                         |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>ARMSTRONG, JOHN<br>2968 MARSH ELDER DR SOUTH<br>JACKSONVILLE, FL 32226 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | SD- Vaccaro, Mary Ann<br>11707 Donato Drive<br>Jacksonville, FL 32226       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | RD<br>FERRILLI, LANCE<br>2985 WOODRUSH COURT<br>JACKSONVILLE, FL 32226       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>ZAHN, EDWARD<br>11634 MARSH ELDER DR<br>JACKSONVILLE, FL 32226         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>CREEL, TERRY<br>11786 DONATO DR<br>JACKSONVILLE, FL 32226              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | TD<br>Loftis, Tracie Coy<br>2983 Marsh Elder Dr S<br>Jacksonville, FL 32226 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>MCNEIL, ROBERT L<br>2962 WOODRUSH CRT<br>JACKSONVILLE, FL 32226        | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PD<br>McNeill, Robert   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:  | Robert L. McNeill | 4-25-08 | 904-551-4627    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                   | Date    | Daytime Phone # |