

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003044

FILED
Mar 24, 2009
Secretary of State

Entity Name: MARSHWINDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 3RD ST.
SUITE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

920 3RD ST.
SUITE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3641759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 3RD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: VACCARO, MARY ANN
Address: 11707 DONATO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD () Delete
Name: ZAHN, EDWARD
Address: 11634 MARSH ELDER DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD () Delete
Name: LOFTIS, TRACIE C
Address: 2983 MARSN ELDER DR S
City-St-Zip: JACKSONVILLE, FL 32226

Title: PD () Delete
Name: MCNEILL, ROBERT
Address: 2962 WOODRUSH CRT
City-St-Zip: JACKSONVILLE, FL 32226

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:

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: L. DENISE WALLACE

RA

03/24/2009

Electronic Signature of Signing Officer or Director

Date