2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004337

FILED Jun 01, 2009 Secretary of State

Entity Name: MARION PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
1772 SW PALC LAKE CITY, FL					
Current Maili	ng Address:	ı	New Mailin	ng Address:	
1772 SW PALC LAKE CITY, FL					
	ith s. 607.193(2)(b), F.S., the corpo	ration did not receive the		e.	
Name and Ad	dress of Current Registered	Agent: N	Name and A	Address of New Registered Agent:	
EDWARDS, JA 1744 SW PALG LAKE CITY, FL	OMA CT	1		PAM PALOMA CT 7, FL 32025 US	
The above nar		ent for the purpose of (changing its	ts registered office or registered agent, or bot	h,
SIGNATURE:	PAM KAHLICH			06/01/2009	
	Electronic Signature of Reg	istered Agent		Date	_
OFFICERS AN	ND DIRECTORS:	,	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTO	ORS:
Address: 17	() Delete DWARDS, JANET 44 SW PALOMA CT KE CITY, FL 32025	/1 A	Fitle: Name: Address: City-St-Zip:	P (X) Change () Addition KAHLICH, PAM 11833 SW PALOMA CT LAKE CITY, FL 32025	
Title: Name: Address: City-St-Zip:	()Delete	N A	Fitle: Name: Address: Dity-St-Zip:	VP () Change (X) Addition DUBOSE, ELIZABETH 1756 SW PALOMA CT. LAKE CITY, FL 32025	
Title: Name: Address: City-St-Zip:	()Delete	N A	Fitle: Name: Address: City-St-Zip:	S () Change (X) Addition FERGUSON, DIXIE 1800 SW PALOMA CT. LAKE CITY, FL 32025	
Title: Name: Address: City-St-Zip:	() Delete	N A	Fitle: Name: Address: City-St-Zip:	T () Change (X) Addition KENNON, MIKE 1785 SW PALOMA CT LAKE CITY, FL 32025	
Title: Name: Address: City-St-Zip:	() Delete	N A	Fitle: Name: Address: City-St-Zip:	D () Change (X) Addition TOUCHTON, DORIS 1808 SW PALOMA CT LAKE CITY, FL 32025	
Title: Name: Address: City-St-Zip:	() Delete	N A	Fitle: Name: Address: City-St-Zip:	D () Change (X) Addition EDWARDS, JANET 1744 SW PALOMA CT LAKE CITY, FL 32025	

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: PAM KAHLICH P 06/01/2009