


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 016 ****61.25

DOCUMENT # N02000004210 1. Entity Name VILLAS AT MARSH LANDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1800 THE GREENS WAY JACKSONVILLE BEACH, FL 32250			Mailing Address 1800 THE GREENS WAY JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 73-1646671 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02012007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SUNCOAST MANAGEMENT LLC 822 A1A NORTH, STE. 208 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P HICKOK, RICHARD 1800 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEWS, TODD 1800 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADLESPERGER, JOYCE 1800 THE GREENS WAY, CONDO 2001 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ARD, RICHARD 1800 THE GREENS WAY, CONDO 103 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PARKER, RACHEL 1800 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member Charles Adams 1800 The Greens Way Jacksonville Beach FL 32250				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <u>Rick Hickok</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					