

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90058 039 ****61.25

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DOCUMENT # N02000004980 1. Entity Name THE MARQUESAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1906 S.E. 3RD AVENUE OCALA, FL 34471			Mailing Address 1906 S.E. 3RD AVENUE OCALA, FL 34471		
2. Principal Place of Business		3. Mailing Address PO BOX 5696			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCALA, FL			
Zip	Country	Zip 344785696	Country USA	4. FEI Number 76-0703143 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COPE, DAVID G 1906 S.E. 3RD AVENUE OCALA, FL 34471			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD COPE, DAVID G POST OFFICE BOX 2646 OCALA, FL 344782646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPE, DAVID G PO BOX 5696 OCALA, FL 344785696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULTZ, PHYLLIS POST OFFICE BOX 2646 OCALA, FL 344782646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULTZ, PHYLLIS M PO BOX 5696 OCALA, FL 344785696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPE, LAURIE POST OFFICE BOX 2646 OCALA, FL 344782646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPE, LAURIE PO BOX 5696 OCALA, FL 344785696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, STEPHEN H 125 N E 1ST AVE., SUITE 1 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			2/3/04 (352) 622-4922		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		