2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007190

FILED Feb 25, 2009 Secretary of State

Entity Name: MARSH COVE WASTEWATER TREATMENT FACILITY, INC.

Current Principal Place of Business: New Principal Place of Business:

123 WEST HIRTH ROAD

FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

123 WEST HIRTH ROAD

FERNANDINA BEACH, FL 32034

FEI Number: 51-0429386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHROEDER, DONALD J BELANGIA, WILLIAM R 123 WEST HIRTH ROAD 95106 ELDERBERRY LANE FERNANDINA BEACH, FL 32034 US US AMELIA ISLAND, FL 32034

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: WILLIAM R. BELANGIA 02/25/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SCHROEDER, DONALD J BELANGIA, WILLIAM R Name: Name: 123 WEST HIRTH ROAD Address: 123 WEST HIRTH ROAD Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Delete Title: (X) Change () Addition

SCHROEDER, MICHAEL M Name: BELANGIA, SHERWOOD R Name: Address: 123 WEST HIRTH ROAD Address: 123 WEST HIRTH ROAD City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: Title:

() Delete (X) Change () Addition SCHROEDER, ROB A Name: KENNEDY, RUSSELL W Name:

961687 GATEWAY BOULEVARD, SUITE 201M 123 WEST HIRTH ROAD Address: Address:

City-St-Zip: AMELIA ISLAND, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: ST (X) Delete Title: () Change () Addition

Name: GUNSEL, TERRY A Name: 123 WEST HIRTH ROAD Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 US 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: WILLIAM R BELANGIA PD 02/25/2009