

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010149

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE PALMS AT MARSH LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-0453765 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT
1155 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 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: P () Delete
Name: CORTESE, MARIO
Address: 1701 THE GREENS WAY #1611
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: MONTBLANC, JUDY
Address: 1701 THE GREENS WAY #1914
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TREA () Delete
Name: HOWARD, JENNIFER
Address: 1655 THE GREENS WAY, #3121
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR () Delete
Name: BERG, DENNIS
Address: 1701 THE GREENS WAY #812
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SEC () Delete
Name: WHITE, JACQUELINE
Address: 1701 THE GREENS WAY #411
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

Title: SEC (X) Change () Addition
Name: WITTE, JACQUELINE
Address: 1701 THE GREENS WAY #411
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: FIRST COAST ASSOCIATION MANAGEMENT, LLC

RA

01/22/2009

Electronic Signature of Signing Officer or Director

Date