


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03782</b> 1. Entity Name <b>MARSHVIEW EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>4075 A1A SOUTH ST AUGUSTINE, FL 32080</b>	Mailing Address <b>4075 A1A SOUTH ST AUGUSTINE, FL 32080</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SCHEIRER, THOMAS W 4075 A1A S, STE 100 ST AUGUSTINE, FL 32080</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWKER, BOB 4075 A1A S UNIT 102 ST AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARR, JOHN 4075 HWY. A1A S, SUITE 102 ST. AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARR, BEVERLY I 4075 A1A S UNIT 102 ST AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIRER, THOMAS W 4075 A1A S UNIT 100 SAINT AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORN, TOM 4075 A1A S UNIT 100 SAINT AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>John C. Parr</u> <b>JOHN C. PARR, PRESIDENT 4-7-08 (386) 682-2349</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		