2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-11-2005 90143 033 ****61.25

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DOCUMENT # N04000004696

1. Entity Name
MARSH HARBOR AT PALM VALLEY HOMEOWERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4315 PABLO OAKS CT STE 1 JACKSONVILLE, FL 32224	4315 PABLO OAKS CT STE 1 JACKSONVILLE, FL 32224

2. Principal Place of Business	3. Mailing Address
920 Third Street	920 Third Street
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Neptune Beach, FL	City & State: Neptune Beach, FL
Zip: 32266 Country:	Zip: 32266 Country:

03162005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1255368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAREN, MICHAEL E 4315 PABLO OAKS CT STE 1 JACKSONVILLE, FL 32224	Name: Wallace, L. Denise Street Address (P.O. Box Number is Not Acceptable): 920 Third Street Suite B City: Neptune Beach, FL Zip Code: 32266

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 Florica. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: L. D Wallace
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP BRAREN, MICHAEL E 4315 PABLO OAKS CT STE 1 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS HARDIN, JENNIFER L 4315 PABLO OAKS CT STE 1 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SETZER, J. KEVIN 7785 BAYMEADOWS WAY STE 200 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Genovese, Bill 5210 Belfort Road, Suite 400 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael E Braren MICHAEL E. BRAREN 03-30-05 904-482-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #