

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05792

FILED
Mar 10, 2009
Secretary of State

Entity Name: MARCHWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4399 S.W. 20TH LANE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 143141
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-2400183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, D. JEFFREY
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

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: D JEFFREY SAUSAMAN

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BROWN, JASON
Address: 4428 SW 20TH LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: PD () Delete
Name: THOMPSON, LORETTA
Address: 3711 WESTMINSTER RD
City-St-Zip: SEBRING, FL 33871

Title: DS () Delete
Name: FINK, DIANE
Address: 4346 SW 20TH LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: EVANS, RALPH
Address: 286 COSTAL HILL DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MOYER, RENE
Address: 4337 SW 20TH LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Change (X) Addition
Name: GARCIA, GREG
Address: 4365 SW 20TH LANE
City-St-Zip: GAINESVILLE, FL 32607

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: LORETTA THOMPSON

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date