

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # NO6058 (4)

1. Corporation Name

MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION II, INC.

Principal Place of Business

Mailing Address

**4400 MARSH LANDING BLVD
P.O. BOX 1219 (PONTE VEDRA BEACH, FL.)
PONTE VEDRA BEACH FL 32082**

**4400 MARSH LANDING BLVD
P.O. BOX 1219 (PONTE VEDRA BEACH, FL.)
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1984** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2675703** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON & GREEN
LAWRENCE R. PATTERSON
3010 SOUTH 3RD STREET
JACKSONVILLE BEACH FL 32250**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BARRY, THOMAS A.
STREET ADDRESS	117 LINKSIDE DRIVE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	VD
NAME	SPINK, SHEPARD C.
STREET ADDRESS	149 LINKSIDE CIRCLE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	VD
NAME	POWELL, JOHN W.
STREET ADDRESS	7500 FOUNDERS WAY
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	TD
NAME	SKJORDAHL, SCOTT A.
STREET ADDRESS	25475 MARSH LANDING PARKWAY
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	SD
NAME	CHU, SAN-HONG
STREET ADDRESS	285 LINKSIDE CIRCLE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wilson, John R.
5.3 STREET ADDRESS	8020 Merganser Drive
5.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed, or on an attachment with an address.

SIGNATURE:

Thomas A. Barry
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR
Thomas A. Barry, President

March 16, 1995 904-285-7700

Date Daytime Phone #