

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06058** (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

3. Date incorporated or Qualified 11/08/1984	3a. Date of Last Report 04/14/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

4. FEI Number 59-2675703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRY, THOMAS A.			1.2 NAME			
STREET ADDRESS	117 LINKSIDE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPINK, SHEPARD C.			2.2 NAME			
STREET ADDRESS	149 LINKSIDE CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, JOHN W.			3.2 NAME	Miller, Roger		
STREET ADDRESS	7500 FOUNDERS WAY			3.3 STREET ADDRESS	7620 Founders Way		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKJORDAHL, SCOTT A.			4.2 NAME			
STREET ADDRESS	25475 MARSH LANDING PARKWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, JOHN R			5.2 NAME			
STREET ADDRESS	8020 MORGANER DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Barry 3/8/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)