

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32082-1275

3. Date Incorporated or Qualified 11/08/1984 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2675703 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  
24 25 29 30

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

| 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 checked="" type="checkbox"/> DELETE | 2.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPINK, SHEPARD C.                              | 2.2 NAME  | Robert L. Brooks  |
| STREET ADDRESS             | 140 LINKSIDE CIRCLE                            | 2.3 STREET ADDRESS                                    | 7530 Founders Way   |
| CITY-ST-ZIP                | PONTE VEDRA BEACH FL 32082                     | 2.4 CITY-ST-ZIP                                       | Ponte Vedra Beach, FL 32082   |
| TITLE                      | VD <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | MILLER, ROGER                                  | 3.2 NAME  |   |
| STREET ADDRESS             | 7620 FOUNDERS WAY                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PONTE VEDRA BEACH FL                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD- <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SKJORDAHL, SCOTT A.                            | 4.2 NAME  | Walter J. Bloss   |
| STREET ADDRESS             | 25475 MARSH LANDING PARKWAY                    | 4.3 STREET ADDRESS                                    | 100 Troon Point Lane  |
| CITY-ST-ZIP                | PONTE VEDRA BEACH FL 32082                     | 4.4 CITY-ST-ZIP                                       | Ponte Vedra Beach, FL 32082   |
| 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 MERGANSER 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John R. Wilson* (John R.) Wilson 1-30-97 904-285-6921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001131

CR2E037 (9/96)