

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06058 (4)**

1. Corporation Name  
**MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION II, INC.**

Principal Place of Business <b>4400 MARSH LANDING BLVD P.O. BOX 1219 (PONTE VEDRA BEACH, FL.) PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>4400 MARSH LANDING BLVD P.O. BOX 1219 (PONTE VEDRA BEACH, FL.) PONTE VEDRA BEACH FL 32082</b>
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3. Date Incorporated or Qualified <b>11/08/1984</b>	
4. FEI Number <b>59-2675703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 MAY MANAGEMENT SERVICES</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 10036 Sawgrass Dr.</b> Suite, Apt. #, etc.
<b>22 10036 Sawgrass Dr., Suite 1</b> City & State	<b>27 Suite 1</b> City & State
<b>23 Ponte Vedra Beach, FL</b> Zip Country	<b>28 Ponte Vedra Beach, FL</b> Zip Country
<b>24 32082 25 St Johns</b>	<b>29 32082 30 St Johns</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>May Management Services, Inc.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>10036 Sawgrass Drive, Suite 1</b>	
83	
84 City <b>Ponte Vedra Beach, FL</b>	85 Zip Code <b>32082</b>

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: *John E. [Signature]* **Property Manager** DATE: **11/7/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>BARRY, THOMAS A.</b>	STREET ADDRESS <b>117 LINKSIDE DRIVE</b>	CITY-ST-ZIP <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>ROBERT L. BROOKS</b>	STREET ADDRESS <b>7530 FOUNDERS WAY</b>	CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>MILLER, ROGER</b>	STREET ADDRESS <b>7620 FOUNDERS WAY</b>	CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE <b>TD</b>	NAME <b>WALTER J. BLOSS</b>	STREET ADDRESS <b>100 TROON POINT LANE</b>	CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE <b>SD</b>	NAME <b>WILSON, JOHN R</b>	STREET ADDRESS <b>8020 MERGANSER DRIVE</b>	CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VD</b>	1.2 NAME <b>Bary Thomas A.</b>	1.3 STREET ADDRESS <b>117 Linkside Dr.</b>	1.4 CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>PD</b>	2.2 NAME <b>Robert Brooks</b>	2.3 STREET ADDRESS <b>7530 Founders Way</b>	2.4 CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>TSD</b>	4.2 NAME <b>Walter J. Bloss</b>	4.3 STREET ADDRESS <b>100 Troon Point Lane</b>	4.4 CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <b>D</b>	5.2 NAME <b>Jeff Drain</b>	5.3 STREET ADDRESS <b>7240 Oakmont Court</b>	5.4 CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *TJC [Signature]* DATE: **2/18/98** 285-9898

CR2E037 (10/97)