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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06058

1. Corporation Name

MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION II, INC.

Principal Place of Business

Mailing Address

MAY MANAGEMENT SERVICES
 10036 SAWGRASS DR. STE 1
 PONTE VEDRA BEACH FL 33082
 US

10036 SAOGRASS DR
 STE 1
 PONTE VEDRA BEACH FL 32082
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/08/1984

22 City & State

27 City & State

4. FEI Number
 59-2675703

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY MANAGEMENT SERVICES INC
 10036 SAWGRASS DRIVE
 STE 1
 PONTE VEDRA BEACH FL 32082

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

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 VD DELETE
 NAME BARRY, THOMAS A
 STREET ADDRESS 117 LINKSIDE DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.1 TITLE Ed Gilpin Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 5150 Bridlewood Court
 1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE PD DELETE
 NAME ROBERT L. BROOKS
 STREET ADDRESS 7530 FOUNDERS WAY
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME MILLER, ROGER
 STREET ADDRESS 7620 FOUNDERS WAY
 CITY-ST-ZIP PONTE VEDRA BEACH FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE TSD DELETE
 NAME WALTER J. BLOSS
 STREET ADDRESS 100 TROON POINT LANE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME DRAIN, JEFF
 STREET ADDRESS 7240 OALMONT COURT
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

[Handwritten Signature]

Date

Daytime Phone #

CR2E037 (11/98)