

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06058

1. Entity Name

MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90044 039 ****61.25

Principal Place of Business

MAY MANAGEMENT SERVICES
10036 SAWGRASS DR. STE 1
PONTE VEDRA BEACH FL 32082
US

Mailing Address

10036 SAWGRASS DR
STE 1
PONTE VEDRA BEACH FL 32082-3565
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2675703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILPIN, ED	
STREET ADDRESS	5150 BRIDGEWOOD CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERT L. BROOKS	
STREET ADDRESS	7530 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, ROGER	
STREET ADDRESS	7620 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	WALTER J. BLOSS	
STREET ADDRESS	100 TROON POINT LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAIN, JEFF	
STREET ADDRESS	7240 OALMONT COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Gilpin	
STREET ADDRESS	5150 Bridlewood Court	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Cabrera	
STREET ADDRESS	105 Alice Way	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Ezequiel	
STREET ADDRESS	4 Turnberry Point Way	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rob Brooks 2/4/00

Date

Daytime Phone #

CR2E037 (9/99)