

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N06058****1. Entity Name**MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION II, I  
NC.**Principal Place of Business**

4400 MARSH LANDING BLVD., SUITE 3

PONTE VEDRA BEACH

33082

FL  
US**Mailing Address**

4400 MARSH LANDING BLVD., SUITE 3

PONTE VEDRA BEACH

33082

FL  
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number****59-2675703**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LOVELAND STEPHEN C  
4400 MARSH LANDING BLVD. SUITE 3

PONTE VEDRA BEACH

32082

FL  
US**7. Name and Address of New Registered Agent**

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 reinstalling)

**03/16/2001**

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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	EZEQUELLE RICHARD	
STREET ADDRESS	4 TURNBERRY POINTE WAY	
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	SD	<input type="checkbox"/> Delete
NAME	CABRERA LYNN	
STREET ADDRESS	105 ALICE 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	PD	<input type="checkbox"/> Delete
NAME	ROBERT L. BROOKS	
STREET ADDRESS	7530 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILPIN ED	
STREET ADDRESS	5150 BRIDGEWOOD CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON DONNA
STREET ADDRESS	285 LINKSIDE CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER ROGER
STREET ADDRESS	7620 FOUNDERS WAY
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BROOKS L
STREET ADDRESS	7530 FOUNDERS WAY
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROBERT L. BROOKS****P****03/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)