2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06058

FILED Apr 23, 2004 Secretary of State

Entity Name: MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION II, INC.

Current Principal Place of Business: New Principal Place of Business: 4200 MARSH LANDING BLVD SUITE 200 JACKSONVILLE BEACH, FL 32250 US **New Mailing Address: Current Mailing Address:** 4200 MARSH LANDING BLVD SUITE 200 JACKSONVILLE BEACH, FL 32250 US FEI Number: 59-2675703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOVELAND, STEPHEN C 4200 MARSH LANDING BLVD. SUITE 200 JACKSONVILLE BEACH, FL 32250 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GILPIN. ED GILPIN, ED Name: Name: 5150 BRIDGEWOOD CT. Address: 5150 BRIDLEWOOD CT. Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: PD Title: () Delete () Change () Addition ROBERT, BROOKS L Name: Name: Address: 7530 FOUNDERS WAY Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: Title: (X) Change () Addition () Delete WITTER, JILL NELSON, GERRY Name: Name: 109 TROON POINT LANE 7310 OAKMONT COURT Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: TD () Delete Title: () Change () Addition Name: MORRISON, DONNA Name: 285 LINKSIDE CIRCLE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: HAYES, MARY 25005 MARSH LANDING PKWY Address: Address: City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. BROOKS PD 04/23/2004