

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06058

FILED
Apr 22, 2005
Secretary of State

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

Current Principal Place of Business:

4200 MARSH LANDING BLVD
SUITE 200
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD
SUITE 200
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-2675703 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: GILPIN, ED
Address: 5150 BRIDLEWOOD CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: ROBERT, BROOKS L
Address: 7530 FOUNDERS WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: NELSON, GERRY
Address: 7310 OAKMONT COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: MORRISON, DONNA
Address: 285 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: HAYES, MARY
Address: 25005 MARSH LANDING PKWY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LONERGAN, MARGUERETE
Address: 261 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 BROOKS

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date