

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-28-2008 90348 028 ****70.00

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| DOCUMENT # N07000006106 | | | |
| 1. Entity Name MARSHES AT LANCEFORD OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 330 CROSSING BLVD SUITE 200 ORANGE PARK, FL 32073 | | Mailing Address 330 CROSSING BLVD SUITE 200 ORANGE PARK, FL 32073 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 65908 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | Orange Park FL | |
| Zip | Country | Zip 32065 | Country USA |
| 4. FEI Number 26-0430086 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COMPLETE ASSOCIATION MANAGEMENT, INC. C/O KURT A ENSELL 125A INDUSTRIAL LOOP WEST ORANGE PARK, FL 32073 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE PD NAME BEALL, KEVIN L STREET ADDRESS 330 CROSSING BLVD SUITE 200 CITY - ST - ZIP ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME GOFORTH, AMY STREET ADDRESS 330 CROSSING BLVD SUITE 200 CITY - ST - ZIP ORANGE PARK, FL 32073 | <input checked="" type="checkbox"/> Delete | TITLE DVP NAME Matthew Roberts STREET ADDRESS 330 Crossing Blvd Ste 200 CITY - ST - ZIP Orange Park FL 32073 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE STD NAME LIMA, CYNTHIA S STREET ADDRESS 330 CROSSING BLVD SUITE 200 CITY - ST - ZIP ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | KURT A. ENSSELL | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-23-8 208-1474 | |