
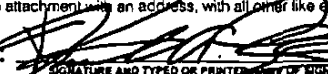


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N07000006106</b>			
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 <b>P.O. Box 65908</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Orange Park FL</b>	
Zip		Zip <b>32065</b>	
Country		Country <b>USA</b>	
4. FEI Number <b>26-0430086</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COMPLETE ASSOCIATION MANAGEMENT, INC. C/O KURT A ENSELL 125A INDUSTRIAL LOOP WEST ORANGE PARK, FL 32073</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when replacing)			
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 BEALL, KEVIN L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	330 CROSSING BLVD SUITE 200	NAME	
STREET ADDRESS	ORANGE PARK, FL 32073	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD GOFORTH, AMY <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	330 CROSSING BLVD SUITE 200	NAME	<b>Matthew Roberts</b>
STREET ADDRESS	ORANGE PARK, FL 32073	STREET ADDRESS	<b>330 Crossing Blvd Ste 200</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>Orange Park FL 32073</b>
TITLE	STD LIMA, CYNTHIA S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	330 CROSSING BLVD SUITE 200	NAME	
STREET ADDRESS	ORANGE PARK, FL 32073	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 4-23-8 208-1474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	