

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006106

FILED
Apr 29, 2009
Secretary of State

Entity Name: MARSHES AT LANCEFORD OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

330 CROSSING BLVD SUITE 200
ORANGE PARK, FL 32073

New Principal Place of Business:

1712 KINGSLEY AV
STE 2
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 65908
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 26-0430086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMPLETE ASSOCIATION MANAGEMENT, INC.
C/O KURT A ENSELL
125A INDUSTRIAL LOOP WEST
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

COMPLETE ASSOCIATION MANAGEMENT, INC.
C/O KURT A ENSELL
1712 KINGSLEY AV STE 2
ORANGE PARK, FL 32073 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

04/29/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEALL, KEVIN L
Address: 330 CROSSING BLVD SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

Title: DVP () Delete
Name: ROBERTS, MATTHEW
Address: 330 CROSSING BLVD STE 200
City-St-Zip: ORANGE PARK, FL 32073

Title: STD () Delete
Name: LIMA, CYNTHIA S
Address: 330 CROSSING BLVD SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
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 exemption stated 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 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: CYNTHIA LIMA

Electronic Signature of Signing Officer or Director

STD

04/29/2009

Date