

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011455

FILED
May 01, 2009
Secretary of State

Entity Name: MARSH POINT MEDICAL & OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2300 MARSH POINT ROAD
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

C/O 3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 26-4307287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON & ANDERSON, P.A.
3010 SOUTH THIRD STREET
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: P () Delete
Name: MORRELL, ALVARO F
Address: C/O 3010 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: MUYERS, WILLIAM
Address: C/O 3010 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: MARSHALL, CORBY
Address: C/O 3010 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ALVARO F. MORRELL

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date