


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 012 ****61.25

DOCUMENT # N21605 1. Entity Name MARSH CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business 5455 A1A SOUTH ST. AUGUSTINE, FL 32080			Mailing Address 5455 A1A SOUTH ST. AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARKS, ANNA C/O MAY MGMT SERV, INC 5455 US HIGH A1A SO #2 ST AUGUSTINE, FL 32080				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, ALEX <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	372 OYSTER COURT		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	VP		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIED, GERALD <input type="checkbox"/> Delete		NAME	PRESIDENT	
STREET ADDRESS	178 HERONS NEST LN		STREET ADDRESS	SCHIED, GERALD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	178 HERONS NEST LN	
TITLE	SD		TITLE	VICE PRESIDENT	
NAME	SMITH, ELIOT <input checked="" type="checkbox"/> Delete		NAME	LINDA FABEL	
STREET ADDRESS	325 MARSHSIDE DRIVE NORTH		STREET ADDRESS	225 FIDDLERS POINT DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, JOHN <input type="checkbox"/> Delete		NAME	Secretary	
STREET ADDRESS	314 MARSH SIDE DR NORTH		STREET ADDRESS	John M. Kibel	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SECRETARY	
STREET ADDRESS			STREET ADDRESS	BILL JACOB	
CITY-ST-ZIP			CITY-ST-ZIP	406 PLAYERS COURT	
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: <i>John M. Kibel</i>			1-12-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		