


FILED
Jan 22, 2008 8:00 am
Secretary of State

40006689

DOCUMENT # N23153 1. Entity Name MARSHSIDE HOMEOWNERS ASSOCIATION, INC.						01-22-2008 90050 029 ****61.25	
Principal Place of Business 887 MARSHSIDE COURT JACKSONVILLE BEACH, FL 32250 US				Mailing Address 887 MARSHSIDE COURT JACKSONVILLE BEACH, FL 32250 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent LARSON, THOMAS 887 MARSHSIDE COURT JACKSONVILLE BEACH, FL 32250				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 reinstating)</small> DATE _____							
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 NAME STREET ADDRESS CITY-ST-ZIP D CORWIN, JEAN 1691 MARSHSIDE DR. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T MCKELLOP, PHILLIP 865 MARSHSIDE CT JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GALLANTER, TISHA 1558 MARSHSIDE DR JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D Bergwell, Claude 1741 Marshside DR Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D EDWARDS, GLENN 1534 MARSHSIDE DR JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LARSON, THOMAS 887 MARSHSIDE CT JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BIDWELL, BRIAN 1512 MARSHSIDE DRIVE JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P <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: Thomas C. Larson Thomas C. Larson 5-Jan-08 904-247-1876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							