

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23153

FILED
Jun 27, 2009
Secretary of State

Entity Name: MARSHSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

887 MARSHSIDE COURT
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

887 MARSHSIDE COURT
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-2854787 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:

LARSON, THOMAS
887 MARSHSIDE COURT
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

LARSON, THOMAS C
887 MARSHSIDE COURT
JACKSONVILLE BEACH, FL 32250 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: THOMAS C. LARSON

06/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORWIN, JEAN
Address: 1691 MARSHSIDE DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DT () Delete
Name: MCKELLOP, PHILLIP
Address: 865 MARSHSIDE CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: CLAUDE, BAGWELL
Address: 17811 MARSHSIDE DR/
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: DP () Delete
Name: LARSON, THOMAS
Address: 887 MARSHSIDE CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: BIDWELL, BRIAN
Address: 1512 MARSHSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: CORWIN, JEAN
Address: 1691 MARSHSIDE DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change () Addition
Name: MCKELLOP, PHILLIP
Address: 865 MARSHSIDE CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: THOMAS C. LARSON

DP

06/27/2009

Electronic Signature of Signing Officer or Director

Date