FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25507 (7)

1. Corporation Name

FIDDLER'S MARSH (AT L'ATRIUM) HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH FL 32082	10036 SAWGRASS DR SUITE 1 PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 03/21/1988
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2902803 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $69.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, RETO J.
8130 BAYMEADOWS WAY WEST
SUITE 102
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: MAY MANAGEMENT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 10036 SAWGRASS DRIVE W, STE 1
83
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anna Marks, Register Agent — Anna Marks
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	MCLAUGHLIN, BOB	1.2 NAME	Al Bertani	
STREET ADDRESS	114 COLOMBARD CT	1.3 STREET ADDRESS	313 Charlemagne Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	SCHNEIDER, MONIQUE R.	2.2 NAME	David Otero	
STREET ADDRESS	8130 BAYMEADOWS WY W 302	2.3 STREET ADDRESS	3097 LaReserve Drive	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LIKINS, GENO	3.2 NAME	Bob McLaughlin	
STREET ADDRESS	360 CHARLEMAGE CIRCLE	3.3 STREET ADDRESS	114 Colombard Court	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DICK, GEORGE	4.2 NAME	Towana Parker	
STREET ADDRESS	245 CHARLEMAGNE CIR	4.3 STREET ADDRESS	108 Alsace Court	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	FLEISCHMAN, TOM	5.2 NAME		
STREET ADDRESS	101 ALSACE CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom Fleischman — Tom Fleischman — 4-4-95 — 904-285-6621
SIGNATURE AND TYPED OR PRINTED NAME OF MGMNG OFFICER OR DIRECTOR — Date — Daytime Phone #

0000814