

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25507 (7)

1. Corporation Name

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

Principal Place of Business

10036 SAWGRASS DR
SUITE 1
PONTE VEDRA BEACH FL 32082

Mailing Address

10036 SAWGRASS DR
SUITE 1
PONTE VEDRA BEACH FL 32082



3. Date Incorporated or Qualified
03/21/1988

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 3103 SAWGRASS VILLAGE CIR
Suite, Apt. #, etc.

26 3103 SAWGRASS VILLAGE CIR
Suite, Apt. #, etc.

4. FEI Number
59-2902803

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

27

23 PONTE VEDRA BEACH FL
City & State

28 PONTE VEDRA BEACH FL
City & State

24 32082
Zip

Country

29 32082
Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY MANAGEMENT SERVICES INC
10036 SAWGRASS DRIVE W., SUITE 1
SUITE 102
PONTE VEDRA BEACH FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

C. P. Connolly

C. P. Connolly

4-4-96

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BERTANI, AL
313 CHARLEMAGNE CIRCLE
PONTE VEDRA BEACH FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PD
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
OTERO, DAVID
3097 LA RESERVE DRIVE
PONTE VEDRA BEACH FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
SD
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCLAUGHLIN, BOB
114 COLOMBARD COURT
PONTE VEDRA BEACH FL

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Treasurer
Hirschberg, Jeff
300 charlamagne Court
Ponte Vedra Beach FL 32082
VD
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, TOWANA
108 ALSACE COURT
PONTE VEDRA BEACH FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
VD
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FLEISCHMAN, TOM
101 ALSACE CT
PONTE VEDRA FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
D
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change ☐ Addition ☐

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-96 · 273-9840

CR2E037 (12/95)