

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082
US**

**3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082
US**

3. Date Incorporated or Qualified
03/21/1988

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2902803

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

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

City

84

State

85

Zip Code

86

City

87

State

88

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

CHM

4/1/97

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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

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

1.2 NAME **JD**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

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

2.2 NAME **D ALBERTI, JOHN**
2.3 STREET ADDRESS **3013 LA RESERVE DR.**
2.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **T HIRSCHBERG, JEFF**
STREET ADDRESS **320 CHARLEMAGNE COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

3.2 NAME **STD HIRSHBERG, Jeff**
3.3 STREET ADDRESS **320 CHARLEMAGNE CIRCLE**
3.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

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

5.2 NAME **DP**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **Thomas S. Fleischman**
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 4-7-97 285-1121

CR2E037 (9/96)